

Name
in
Full

Clifford Broadbalk Arusharger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clifford B. Arusharger				
Mother's Maiden Name	Lulu Mullenix				
Name of person giving information	C.B. Arusharger				
Father's Birthplace	Penns				
Mother's Birthplace	Va.				
How related to deceased	father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro - Enteritis

How long

3 days

Immediate

Toxæmia -

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

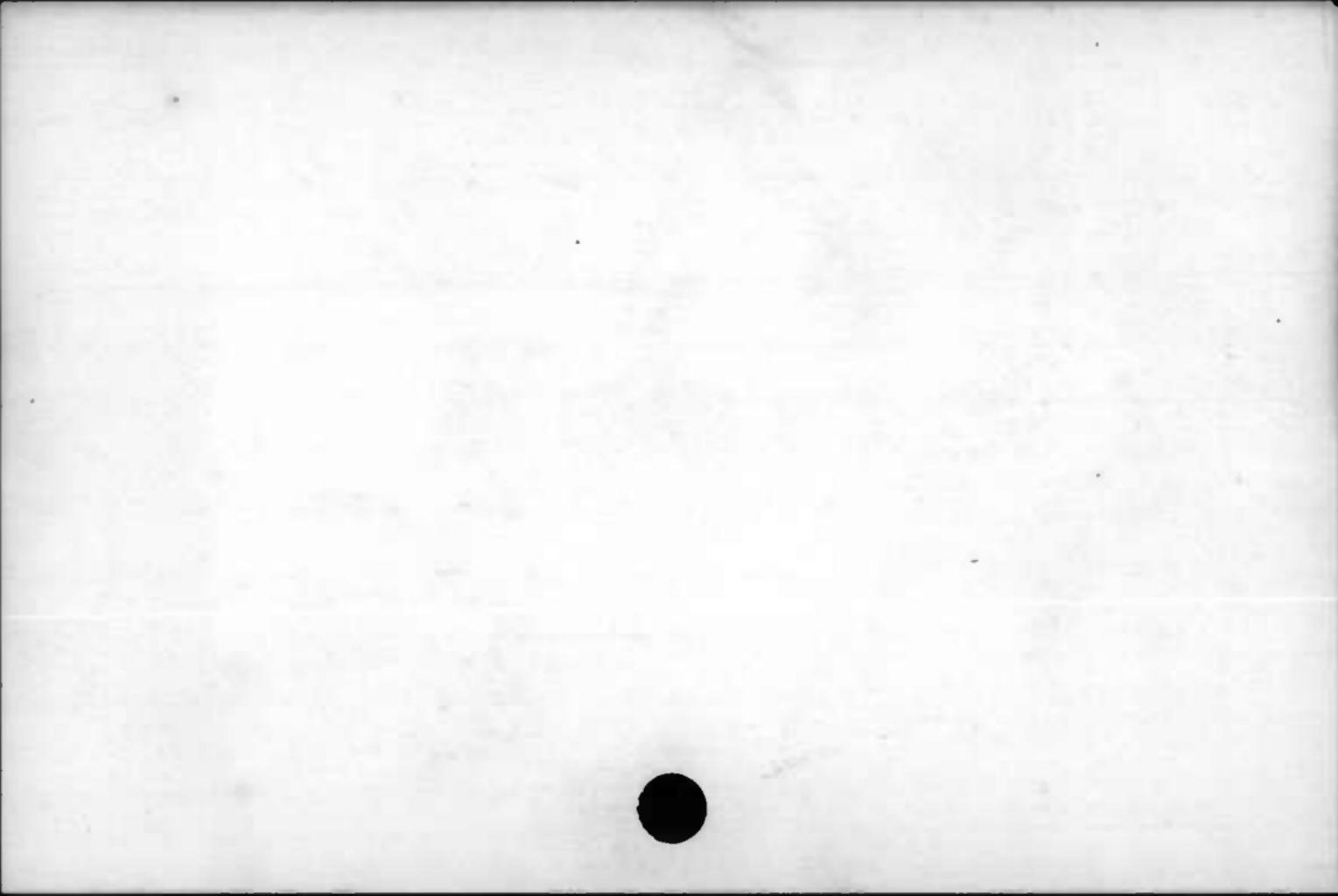
Signature of Physician

Victor A. Miller, Jr.
Hagerstown, Md.

Address

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nellie May Beachtel

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

9

14

2

1

9

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wilbur J. Beachtel

Father's
Birthplace

MD

Mother's
Maiden Name

Laura E. Semler

Mother's
Birthplace

MD

Name of person giving
Information

Wilbur J. Beachtel

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

X4

How long

Immediate

Cardiac Failure

How long

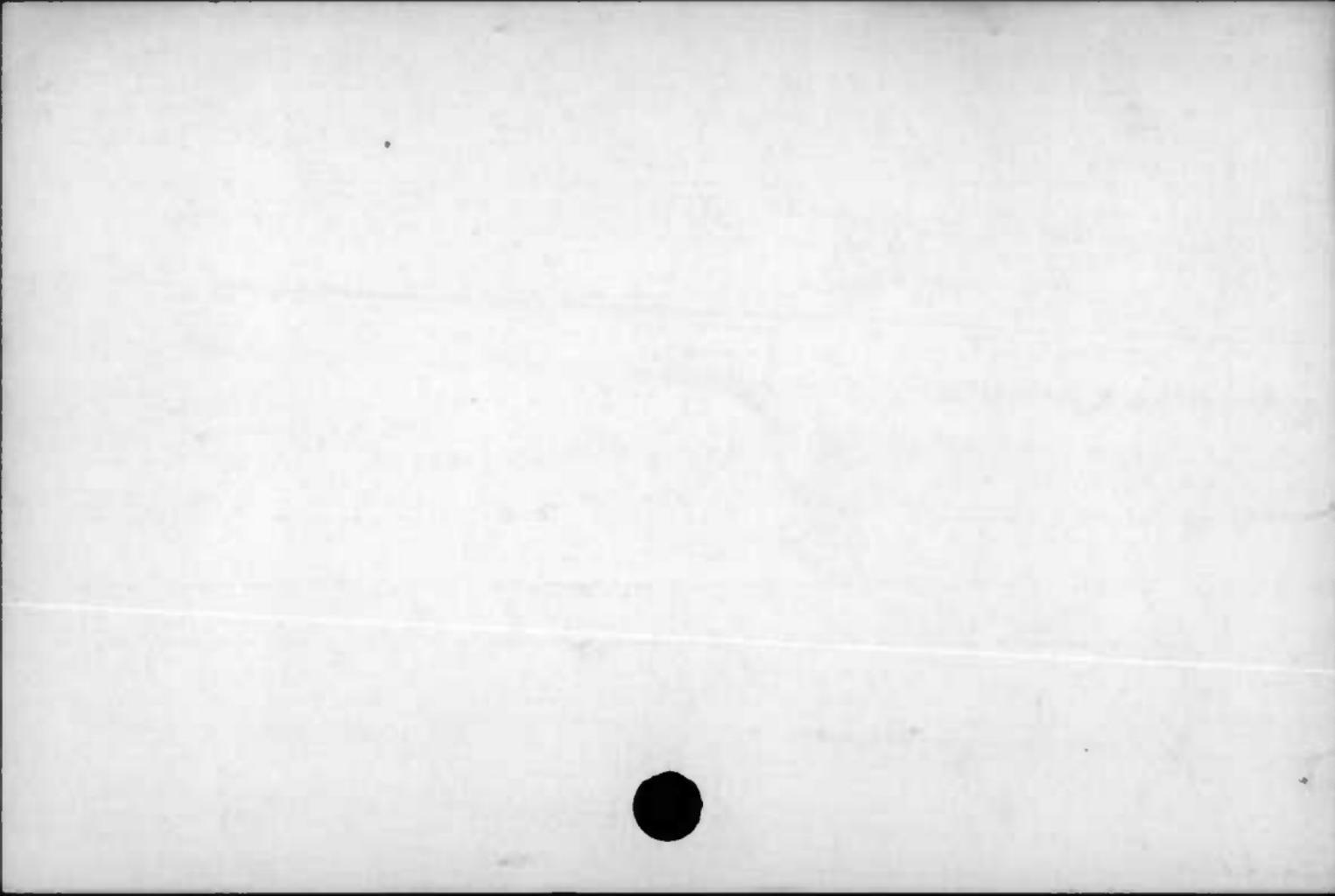
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O.P. Stanger

Accident or Suicide?



Name
in
Full

Still Born Twins Barnes (M.M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Claud Barnes	Mel			
Mother's Maiden Name	Altha Albion	Jac			
Name of person giving information	Claud Barnes	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

G How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

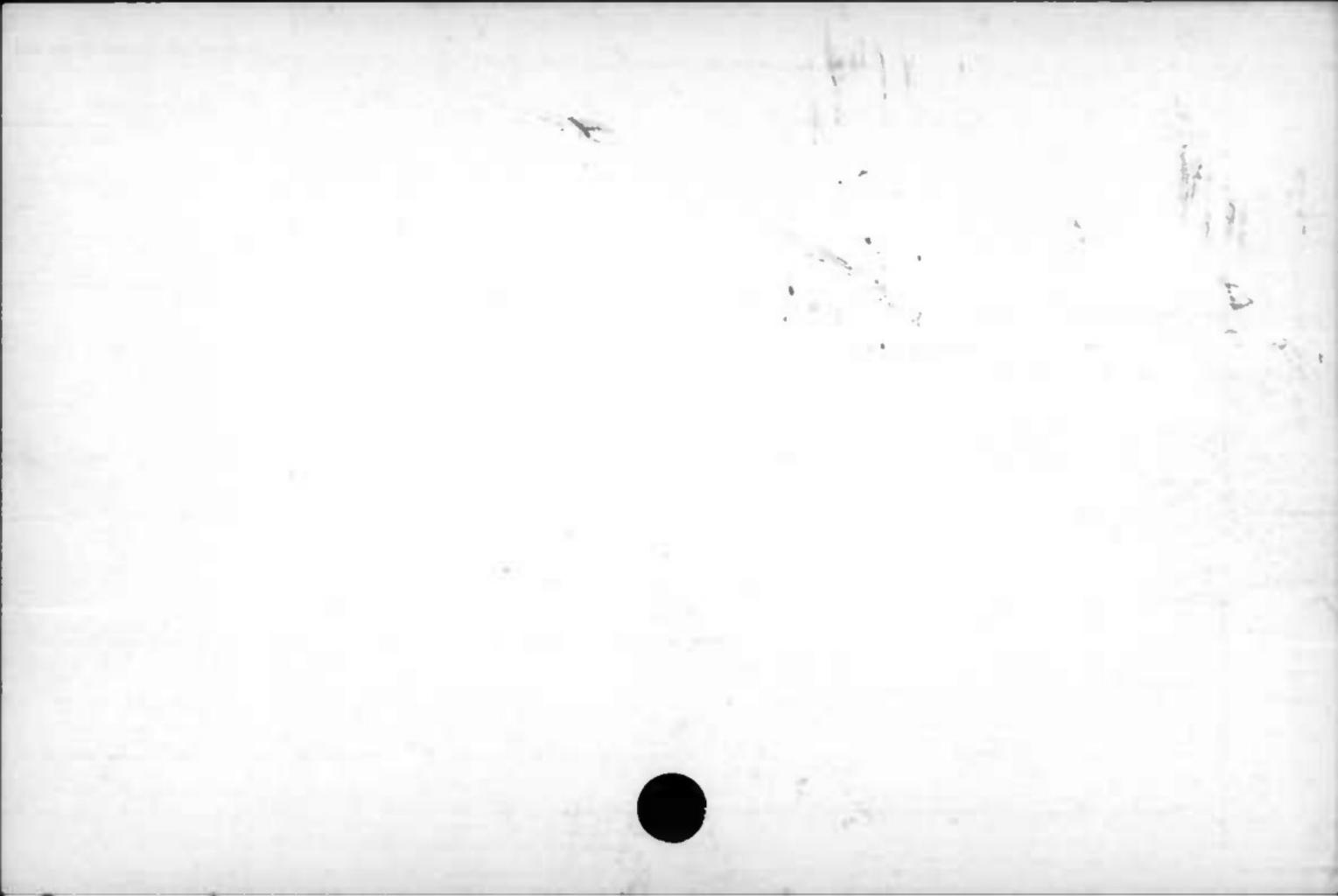
Address

V. Wm. Muller, Jr.

Hagerstown

Accident or Suicide?

No



Name
in
Full

Still Born Twin Barnes (m)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hayesboro		Town	County		MARYLAND		
Date of death 1903	Month 9	Day 20	Age	Years —	Months —	Days —	
Sex Male	Color or Race			Birth-place			
Occupation Child	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Eland Barnes			Father's Birthplace		nd	
Mother's Maiden Name	Altha R Albion			Mother's Birthplace		nd	
Name of person giving information	Eland Barnes			How related to deceased		Father	

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

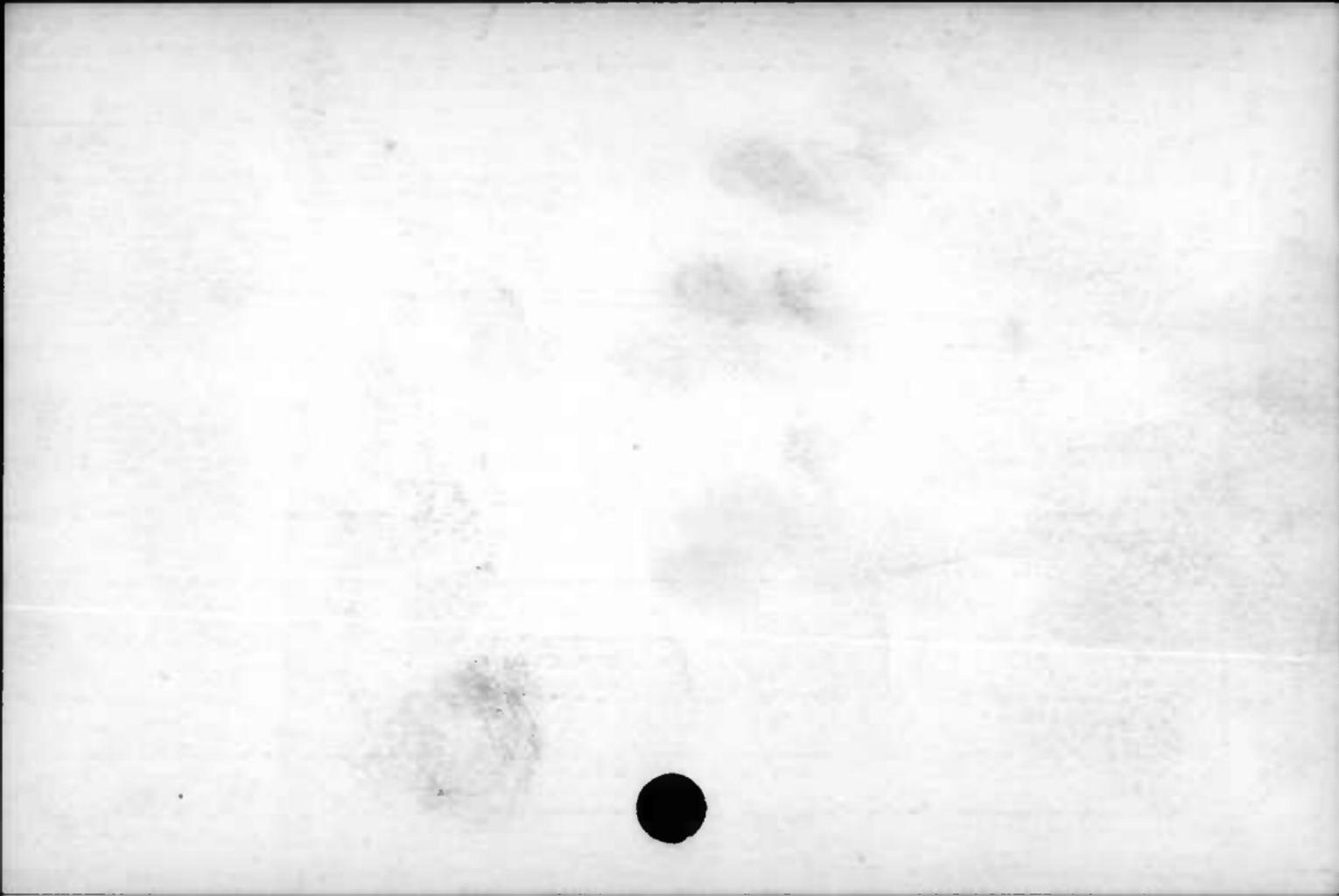
Yes

Signature of Physician

Address

No. Miller St.
Magdalene

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Elizabeth Margarett Beard

Died at Cavetown Town

Washington County

MARYLAND

Date of death 1905 Month 9 Day 13 Years 74 Months 7 Days 29

Sex Female Color or Race White Birth-place Cavetown

Occupation Housewife Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Jacob Heyett

Father's Birthplace

Cavetown

Mother's Maiden Name

Elizabeth Heyett

Mother's Birthplace

Bug Creek

Name of person giving Information

Daniel Beard

How related to deceased

Son

CAUSES OF DEATH

Primary

Aphopleg 64

How long

Over five yrs

Immediate

Second stroke

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J L Massie MD
Smithsburg

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Phineas T. Benckhoff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sept	4	30	2	15
Sex	Color or Race	white	Birth-place	Pennsylvania	
Occupation	Where Residing if not at place of death				
Married, Single Widowed	Synthia Benckhoff				
Father's Name	Pa				
Mother's Maiden Name	Pa				
Name of person giving information	Parents				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

2 weeks

Immediate

Paralysis of the heart

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. H. Stricker M.D.
Waynesboro
Penn.

Accident or Suicide?



Name
in
Full

Miss Syra May Blickenstaff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Hoffsville
Occupation	None	Where Residing if not at place of death Hoffsville			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mr. F. Blickenstaff		Father's Birthplace	Fred. Leo.	
Mother's Maiden Name	Loretta Morgan		Mother's Birthplace	..	
Name of person giving information	Loretta Blickenstaff		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tubercular Meningitis* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

yes.

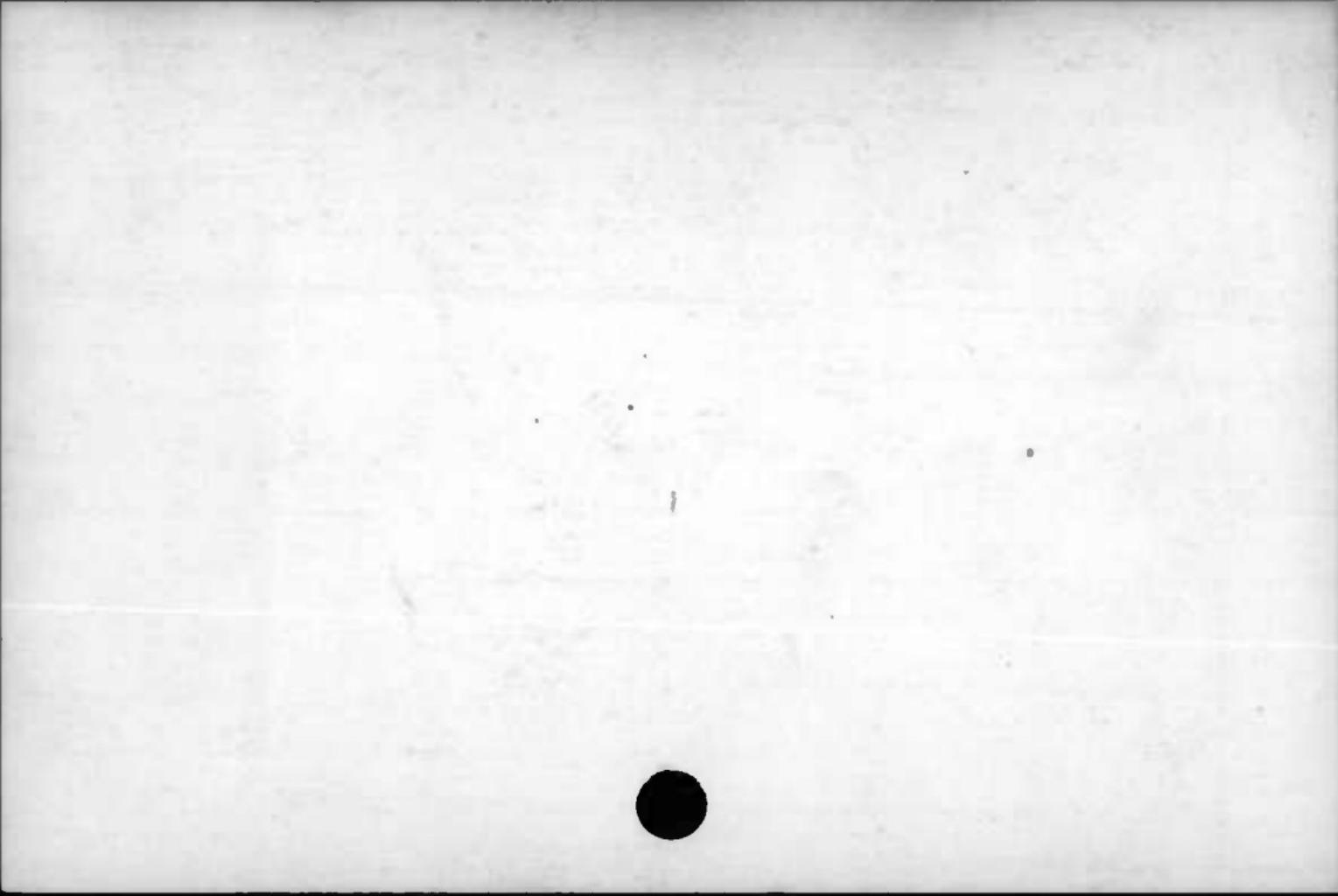
Signature of Physician

Dr. A. L. Lewis

Address

Hoffsville MD

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Harry H. Bloyer

CERTIFICATE OF DEATH

MARYLAND

Died at Pecktonville

Town Wash County

Date of death 1905 Month Sept Day 8

Age Years 77

Months Days 23

Sex Male Color or Race White

Birth-place

Occupation Old Soldier Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Ruth Harper

Father's Birthplace

Father's Name

Md

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

Mrs Jerry Reed

How related to deceased

"

Daughter

CAUSES OF DEATH

Primary Asthma & Dopy

How long 5 years

Immediate Dopy

How long 6 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

P. E. Stiger

I certify this

Address

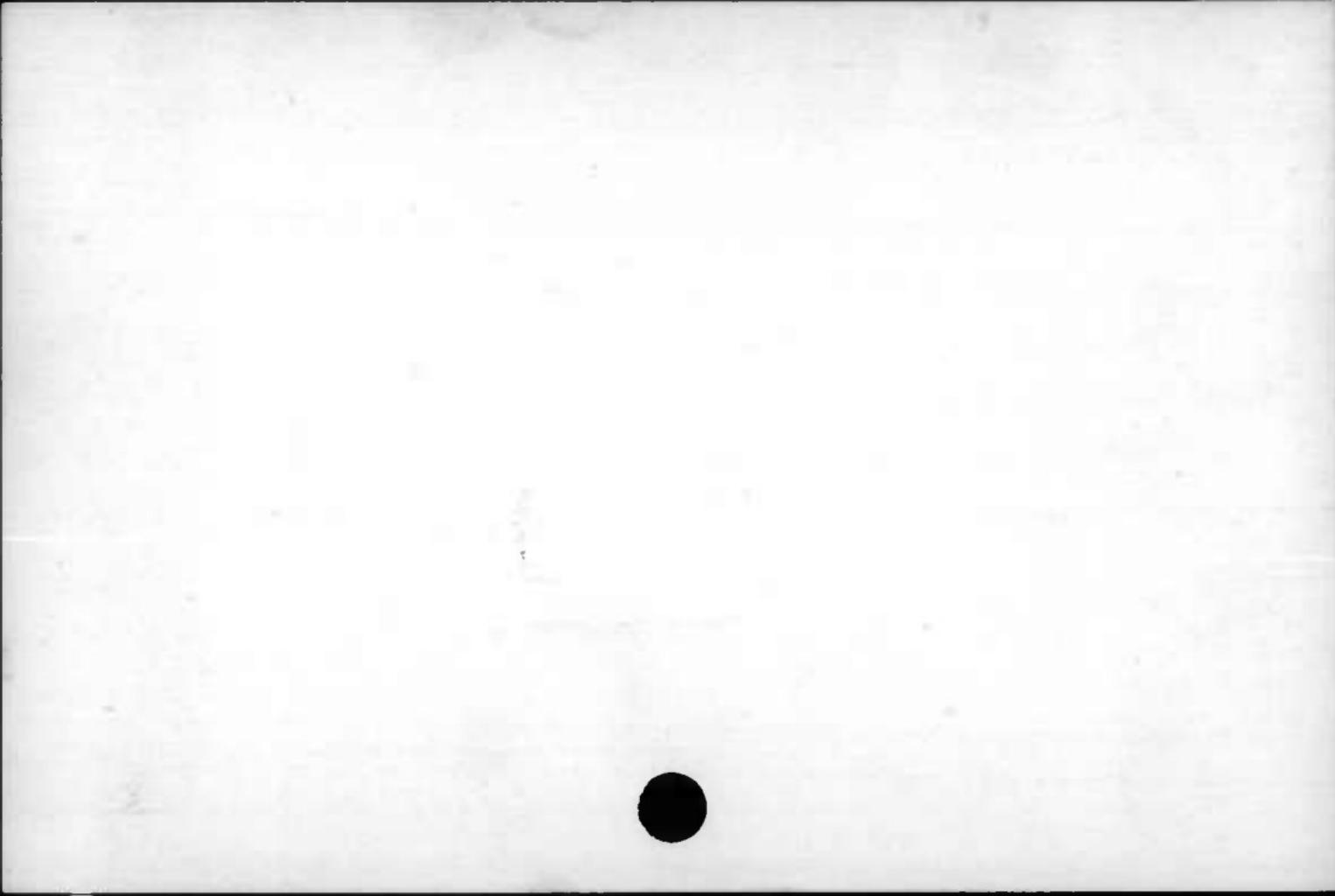
Hancock

Under taken by

Md

Clearspring

Accident or Suicide?



Name
in
Full

Mrs. Rebecca Boteler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	68	9	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Dr. R. H. E. Boteler			
Father's Name	John Hammond				
Mother's Maiden Name	Elizabeth O'Neal				
Name of person giving information	G. T. Brown				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastrointestinal cancer

How long

2 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. T. Yostie
Brownsville
Maryland

Accident or Suicide?



Name
in
Full

Hattie E. Bussard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Wilson	Dist-	Wash	County	MARYLAND				
Date of death	Month	Sept	Day	7	Years	37	Months	11	Days	13
Sex	Color or Race	Female	White	Birthplace	Md					
Occupation	Where Residing if not at place of death	Housewife	B. S. Bussard							
Married, Single or Widowed	Name of Wife or Husband									
Father's Name		A. E. Beatty		Father's Birthplace	Md					
Mother's Maiden Name		Unknown	(3)	Mother's Birthplace	-					
Name of person giving Information		B. S. Bussard		How related to deceased	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Child Birth. Septicemia

How long

Sept-1

Immediate

Exanation

How long

Sept-7

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Harry B. Christman

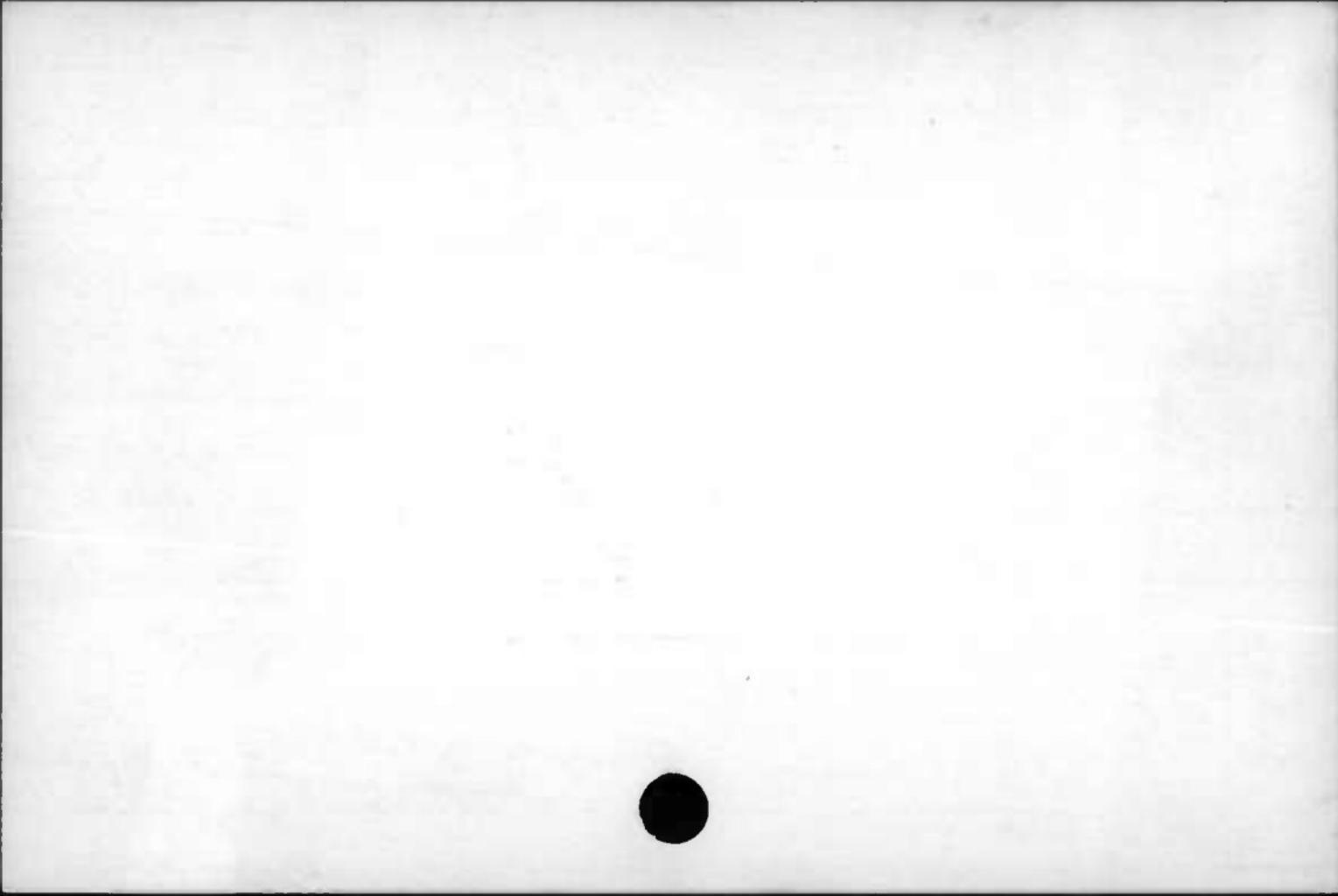
Address

Fairview Md

Frantz Bros

undertakers

Accident or Suicide? Clear Spring



Name
in
Full

Charles Roy Buzzard

CERTIFICATE OF DEATH

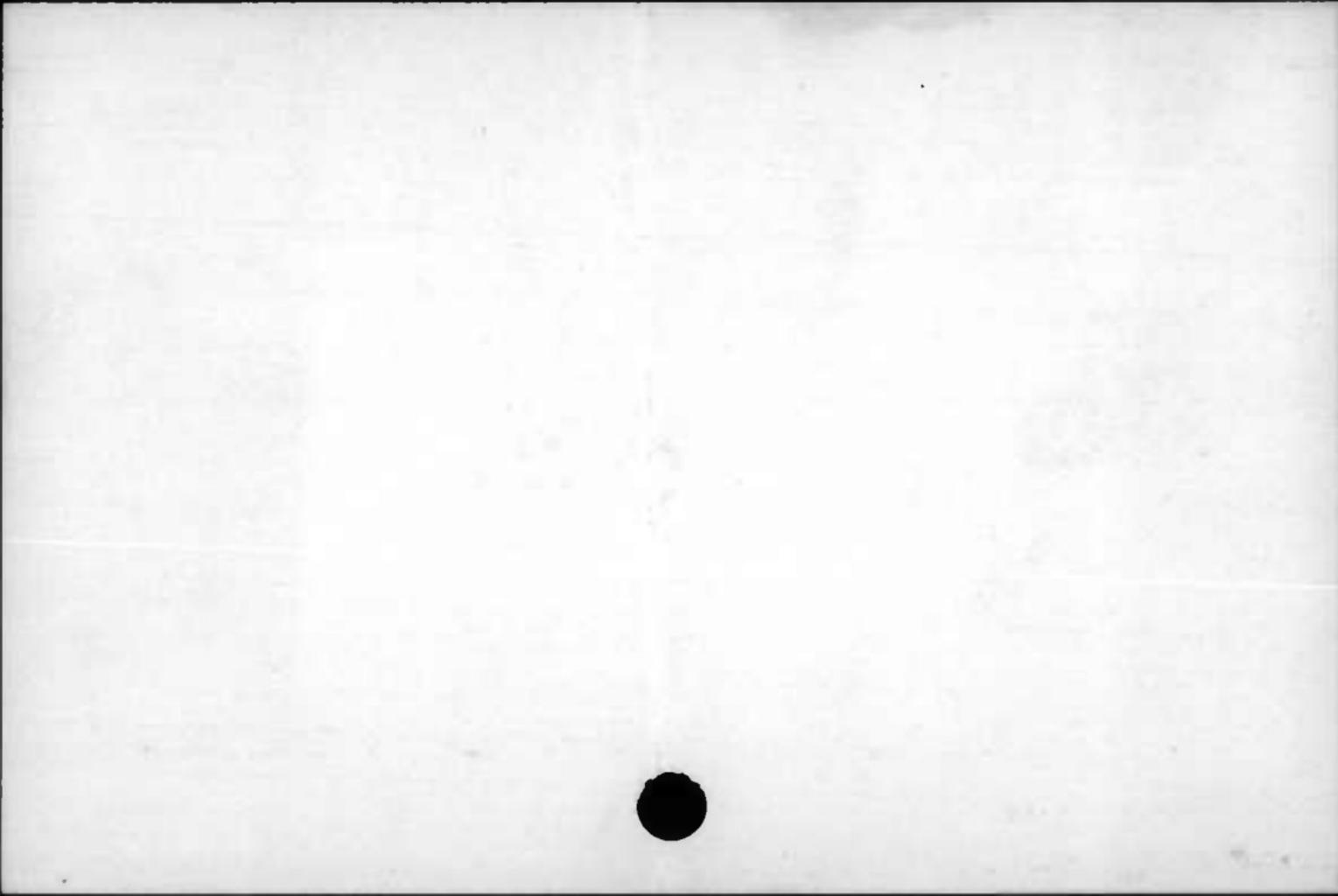
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Dist.	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	child	Name of Wife or Husband	child	Father's Birthplace	Md	
Father's Name	Co. S. Buzzard			Mother's Birthplace	Md	
Mother's Maiden Name	Hattie E. Beattie			Name of person giving information	Father	
Co. S. Buzzard	(Signature)			So. S. Buzzard	(Signature)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Intoxicat ⁱ al Indigestion		How long	4 hours
Immediate	Phenamine poisoning		How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Wark	
		Address	Williamsport Maryland.	
Accident or Suicide?				



Name
in
Full

Mrs Fannie Byron.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Hancock</u> Town <u>Hask</u> County	MARYLAND		
Date of death <u>1907 Sept 7</u> Month <u>Sept</u> Day <u>7</u> Years <u>34</u>	Age <u>34</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kansas</u>	
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Baltimore Md</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomas Byron</u>		
Father's Name <u>John Darnell</u>	Father's Birthplace <u>Kansas</u>		
Mother's Maiden Name <u>Nancy Smith</u>	Mother's Birthplace <u>New Jersey</u>		
Name of person giving information <u>E.P. Daris</u>	How related to deceased <u>More</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(3)

How long

Immediate

Surfle Septicemia.

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

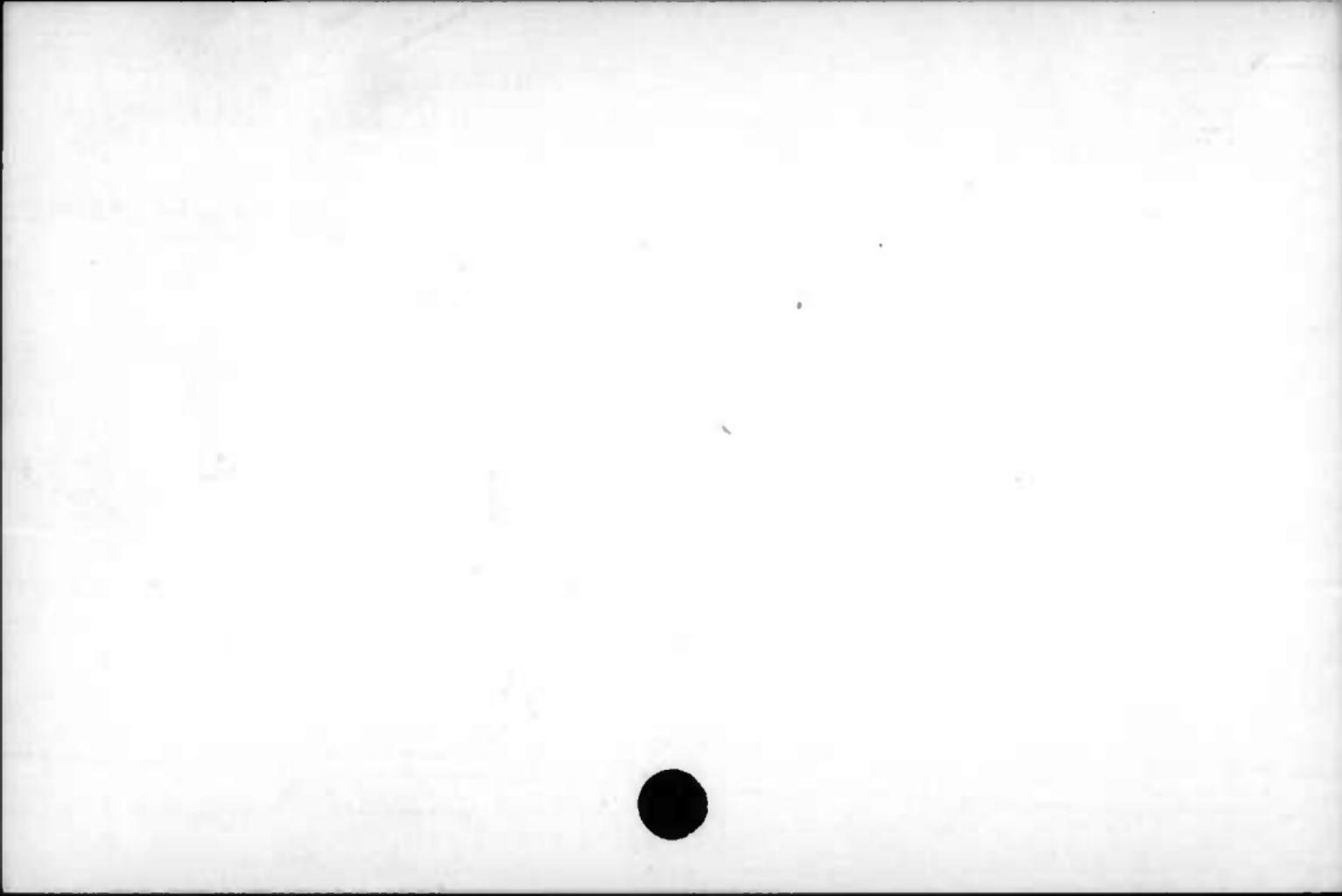
Signature of Physician

H.E. Taber.

Address

Hancock Md.

Accident or Suicide?



Name
in
Full

Mrs Lillie Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles			
Father's Name	Harriet	Charles	Lind		
Mother's Maiden Name	John Grey	Lind	Ruel		
Name of person giving information	Martha Beamer	Ruel	Husband		
	Charles Craig	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paralysis (6)

How long

Four months

Immediate

Whiskey -

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

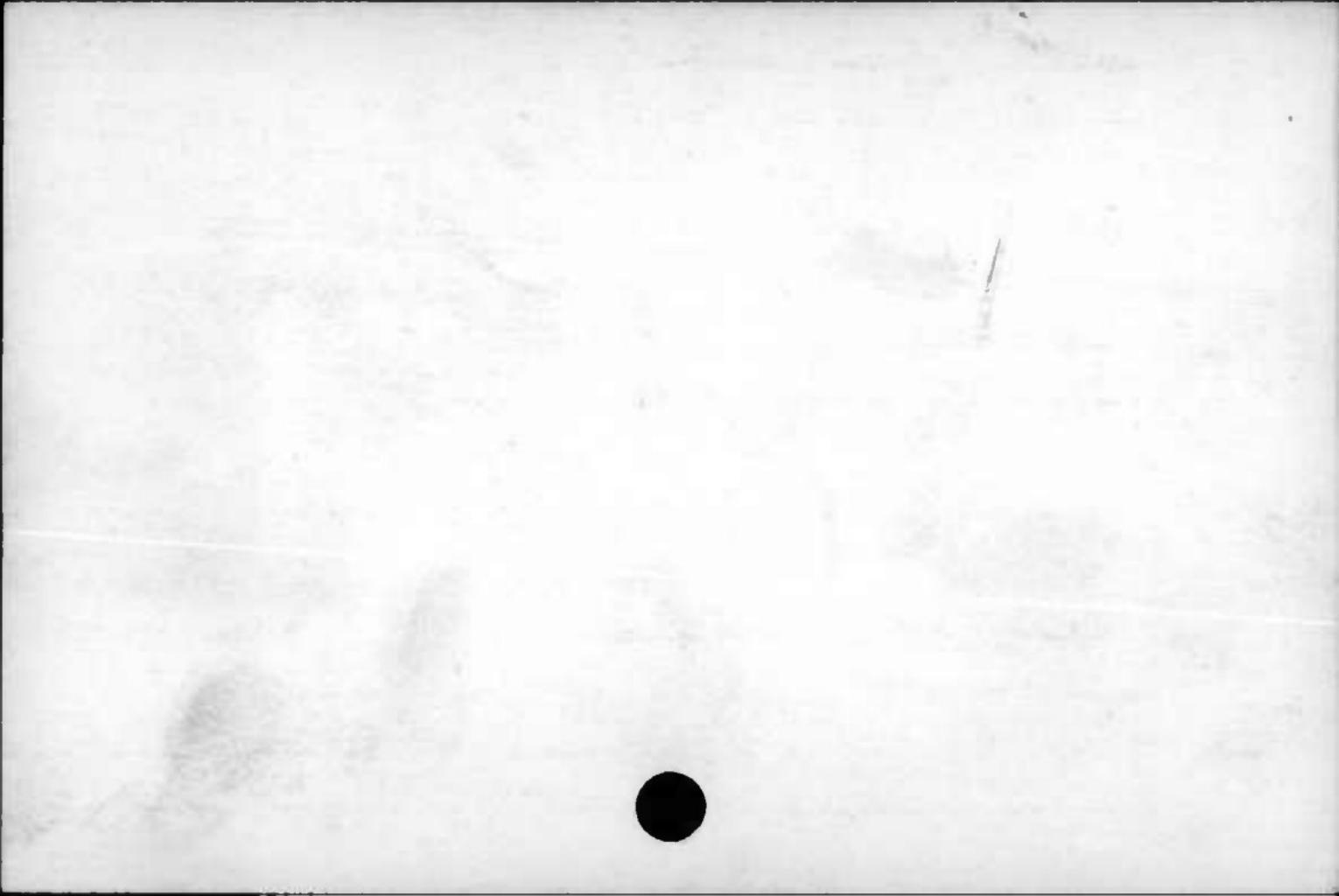
Yes

Signature of Physician

Address

O.W. Rogers
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

John Henry Lurmann 265

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month sep	Day 21	Age 42	Years	Months 9
Sex Male	Color or Race White	Occupation	Birth-place	Baltimore Maryland	
Married, Single or Widowed	Single			Clerk	
Name of Wife or Husband					
Father's Name	William Lurmann		Father's Birthplace		
Mother's Maiden Name	Rose Ann Fouty	(X)	Mother's Birthplace		
Name of person giving Information	Josephine Downs	(X)	How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Alcoholism Delirium Tremens Six weeks

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Richardson
Williamsport, Md.

Accident or Suicide?

Micellar

Name
in
Full

Neita S. Danner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Hagerstown	Washington		
Date of death	Month	Day	Years
1905	Sept	12	Age —
Sex	Color or Race	white	Birth-place
Female			Hagerstown Md.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Edgar Danner	Father's Birthplace	Md
Mother's Maiden Name	Corinne Staar	Mother's Birthplace	Md
Name of person giving information	Edgar Danner	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congenital lack of vitality (Premature Delivery)
Immediate Cardiac Failure How long
How long one hour

Are the name, age, sex, color, date and place correctly given above?

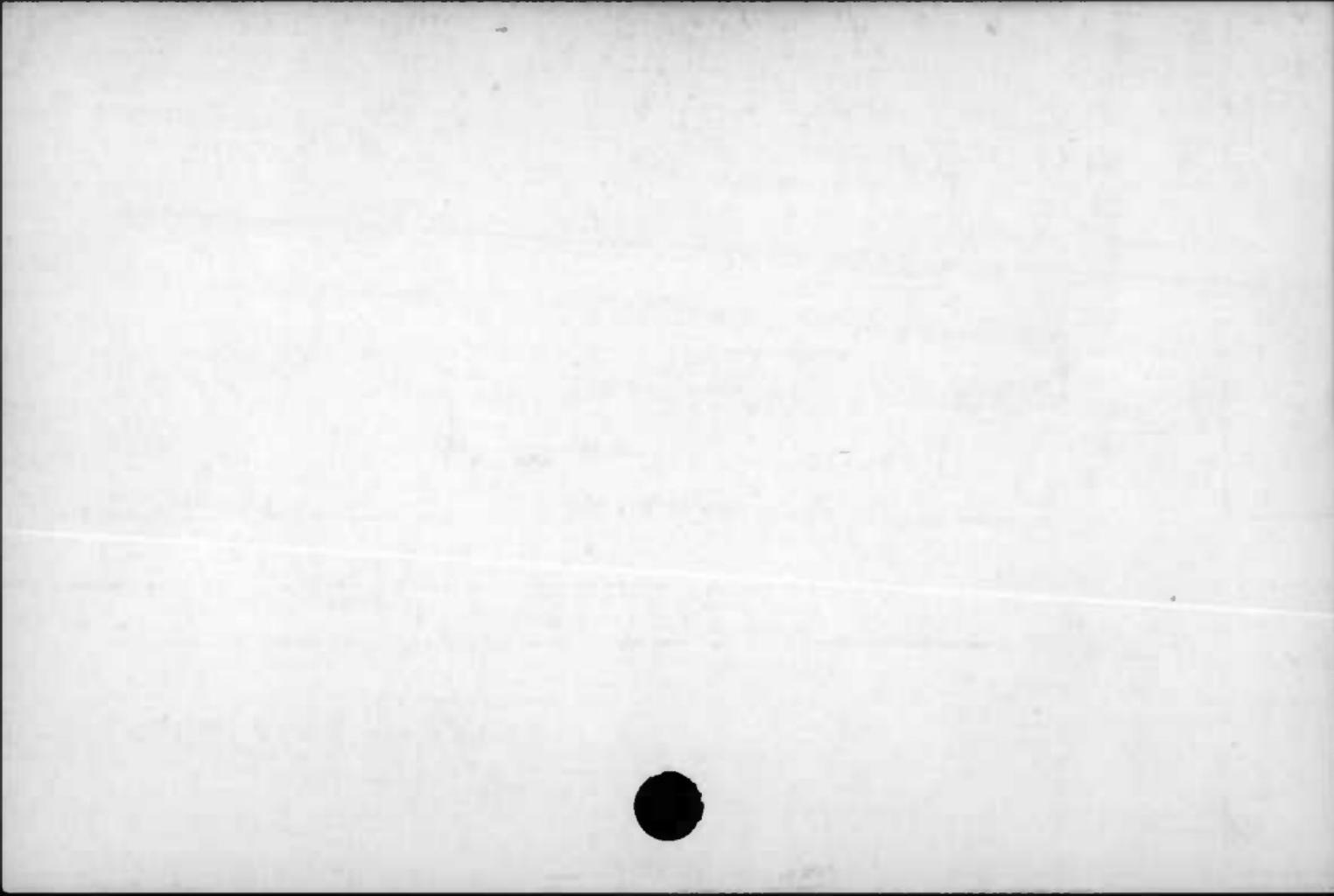
yes

Signature of Physician

Address

D.M.W. Yamam,
Hagerstown, Md.

Accident or Suicide?



Name
in
Full

William G Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	md
Father's Name	Leverard Davis	Mother's Birthplace	md
Mother's Maiden Name	Jane Palmer	How related to deceased	Brother.
Name of person giving information	George Davis		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suicide

How long

Immediate

Signature of Physician

Are the name, age, sex, color, date and place correctly given above?

Yes

Address

W. G. Davis
Hagerstown Md
Understeker

Accident or Suicide?

Rose Hall

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Susan Anora Eastday						CERTIFICATE OF DEATH		
Died at	Town	County			State			
Randyville		Washington			Maryland			
Date of death	1905	Month	9	Day	23	Years	55-	
Sex	Female	Color or Race	White			Months	13 Days	
Occupation	None			Where Residing if not at place of death	Petersville Randyville			
Married, Single or Widowed				Name of Wife or Husband				
Father's Name	Lewis A Eastday			Floyd Co				
Mother's Maiden Name	Elmora Brugtoft			Don't Know				
Name of person giving information	Mrs Nellie Bridger			Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Breast

How long

4 years

Immediate

Septic Infarction

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. M. Nichols

Address

Kearnsville West.

Accident or Suicide?



Name
in
Full

Hiram T. Eversole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Antietam		Town	Washington	County	MARYLAND		
Date of death	1905	Month	Sep.	Day	28	Years	25	
Age	25	Months	9	Days	9			
Sex	Male	Color or Race	White	Birthplace	Near Winchester			
Occupation	Farmer							
Married, Single or Widowed	Married	Name of Wife or Husband	Blanch Eversole					
Father's Name	David Eversole							
Mother's Maiden Name	Emma R. Unger							
Name of person giving information	Doris Eversole							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

About 3 weeks

Immediate

Intestinal Hemorrhage

How long

a short time

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. H. Gardner

Address

Sharpsburg Md

Accident or Suicide?

Chas. S. Wade
undertaker.

Name
in
Full

John E Eichelberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowensboro</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept.</u>	Day <u>29</u>	Years <u>1</u>	Age	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>					Birth-place
Occupation	Where Residing If not at place of death					
Married, Single, or Widowed	Name of Wife or Husband					
Father's Name	<u>Earl Eichleberger</u>			Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Eva Laine</u>			Mother's Birthplace	<u>West Va.</u>	
Name of person giving information	<u>Earl Eichleberger</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate Cholera Exanthem 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

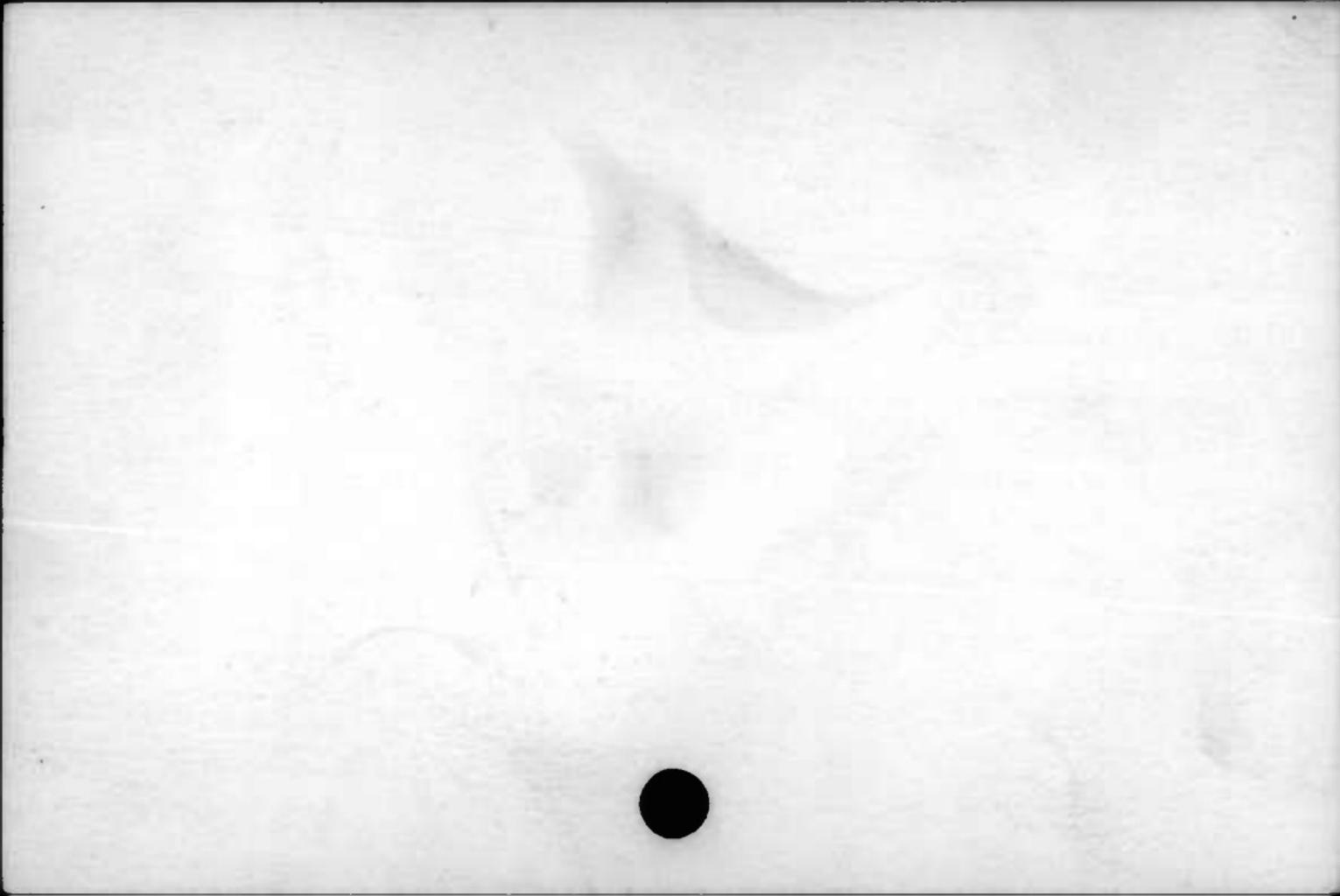
Signature of Physician

E Smith

Address

Bowensboro
Md

Accident or Suicide?



Name
in
Full

Harry Edward Funk

CERTIFICATE OF DEATH

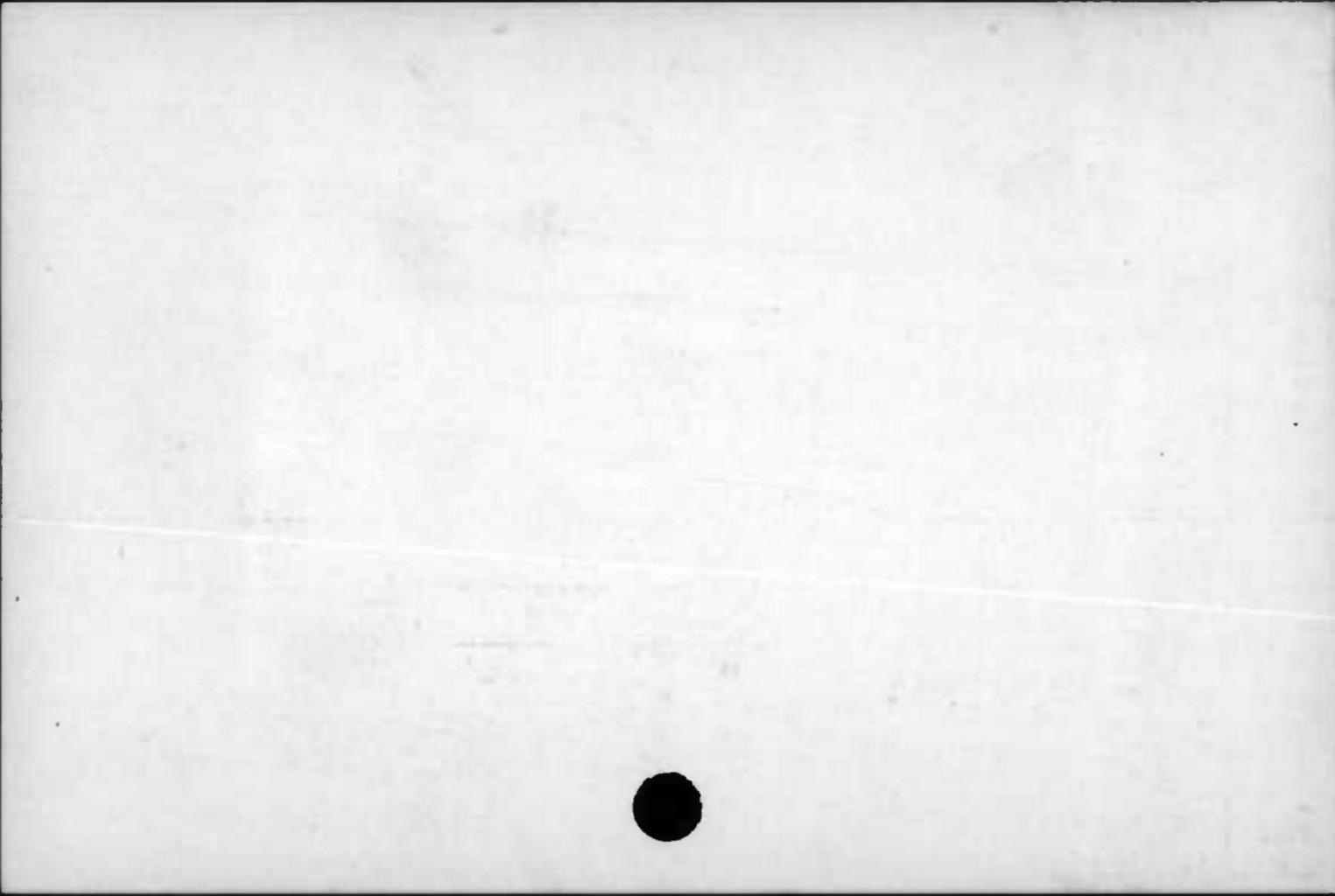
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Charles R. Funk		
Mother's Maiden Name	Elizabeth S. Eader		
Name of person giving Information	Charles R. Eader		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	Address
Accident or Suicide?	



Name
in
Full

Dora Bell Funkhouser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at Indian Spring	Iowa	
Date of death 1905 Sept 18	Month Day	Years
Age	Months	Days
Sex Female	Color or Race White	Birth-place Ida
Occupation	Where Residing if not place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name Ida Funkhouser	Father's Birthplace Ida	
Mother's Maiden Name Ada Forsythe	Mother's Birthplace "	
Name of person giving Information Ida Funkhouser	How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malignant Jaundice

How long

5 days

Immediate

Asthma

How long

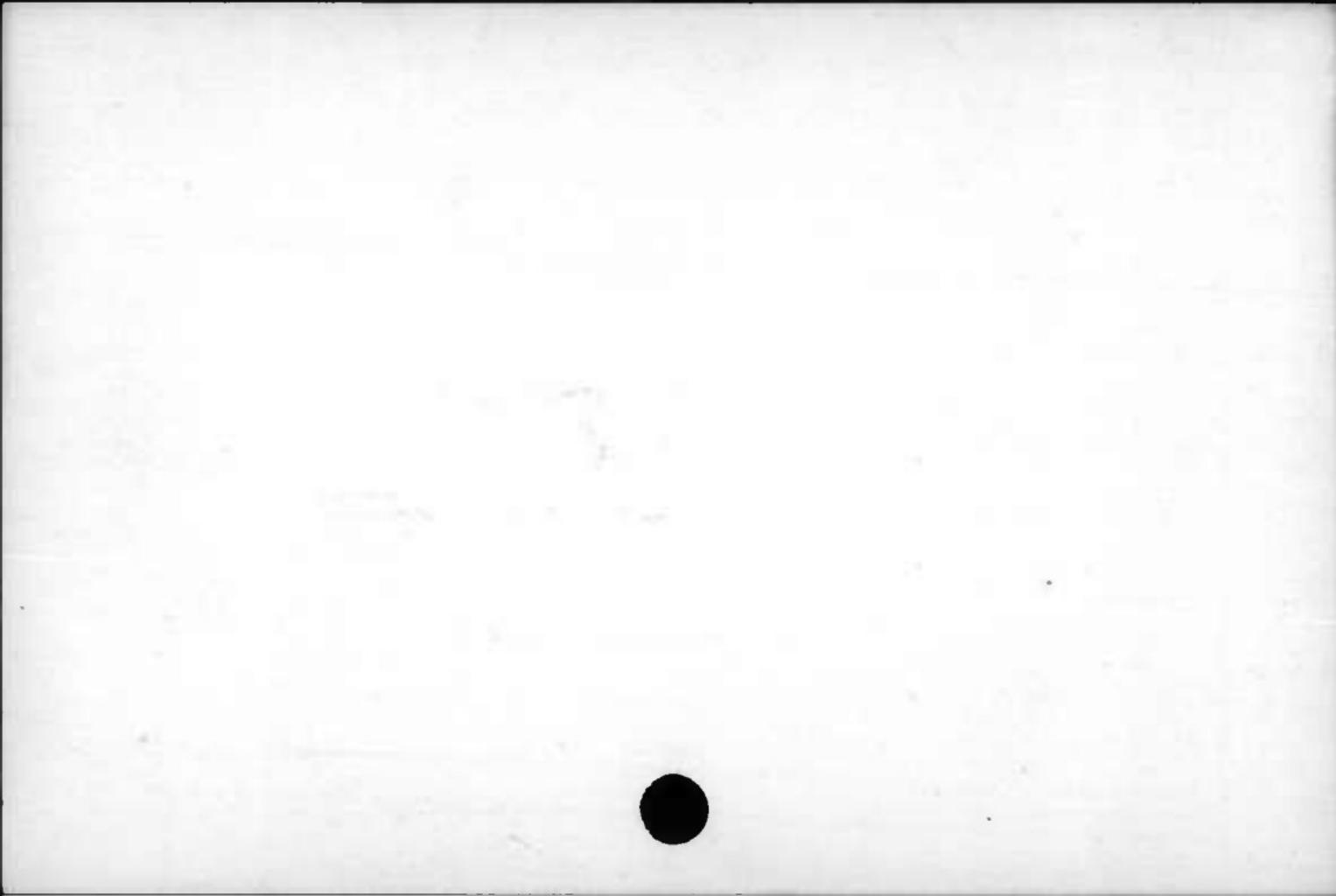
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas J Mason
Clearspring
Md

Accident or Suicide?



Name
in
Full

Evel Sanders Geiger

CERTIFICATE OF DEATH

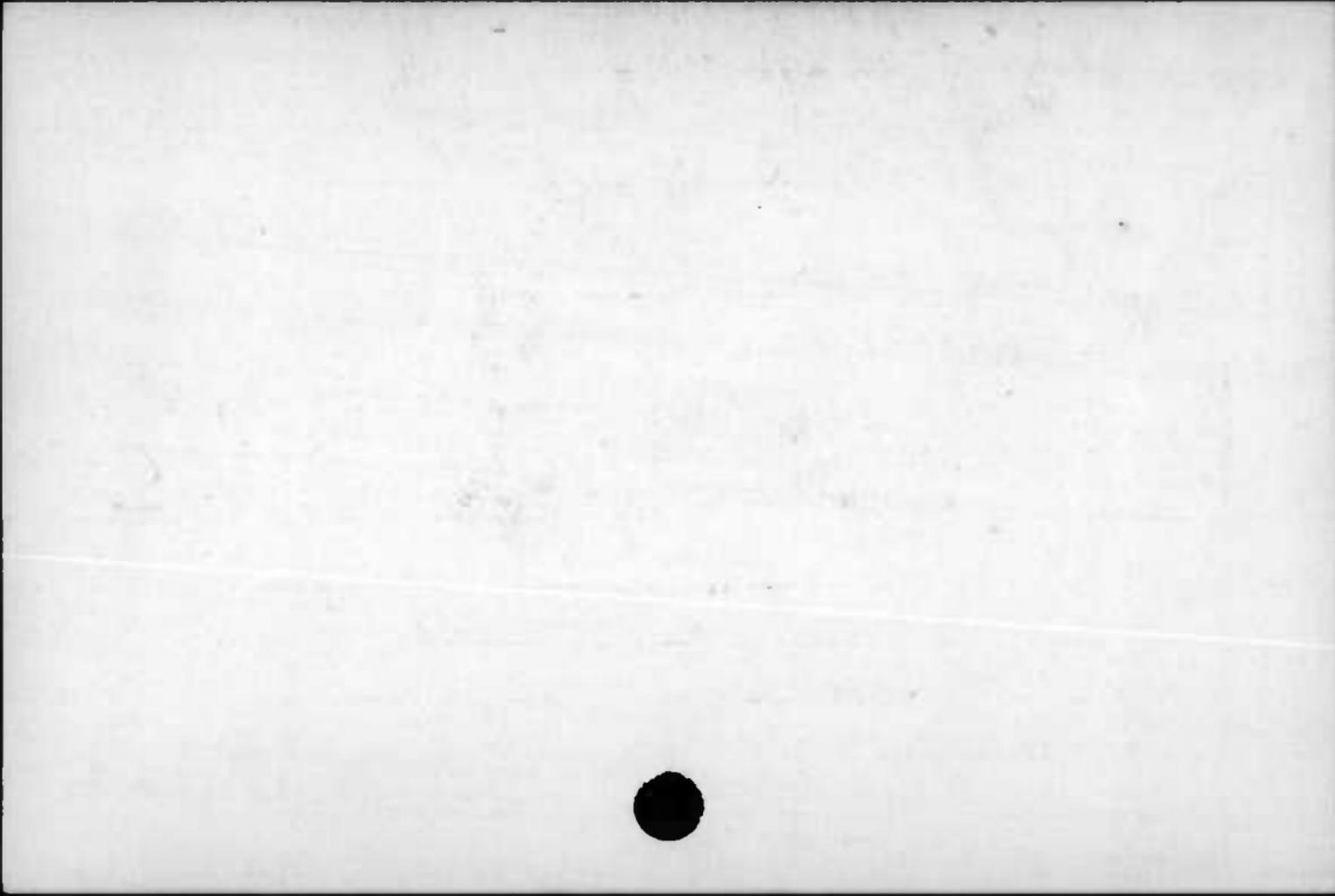
To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Hagerstown	Washington		
Date of death 1904	Month 9	Day 11	Years _____
Age _____	Months _____	Days _____	
Sex Male	Color or Race White	Birth-place Md	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name Park	Geiger (151)	Father's Birthplace Md	
Mother's Maiden Name Carrie B Sanders	(151)	Mother's Birthplace Md	
Name of person giving Information Park Geiger (151)	X	How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Weakness	How long _____
Immediate Epileptic Seizure	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D.E. A. Mansfield
	Address _____
Accident or Suicide?	



Name
in
Full

Ellen Grimes.

CERTIFICATE OF DEATH

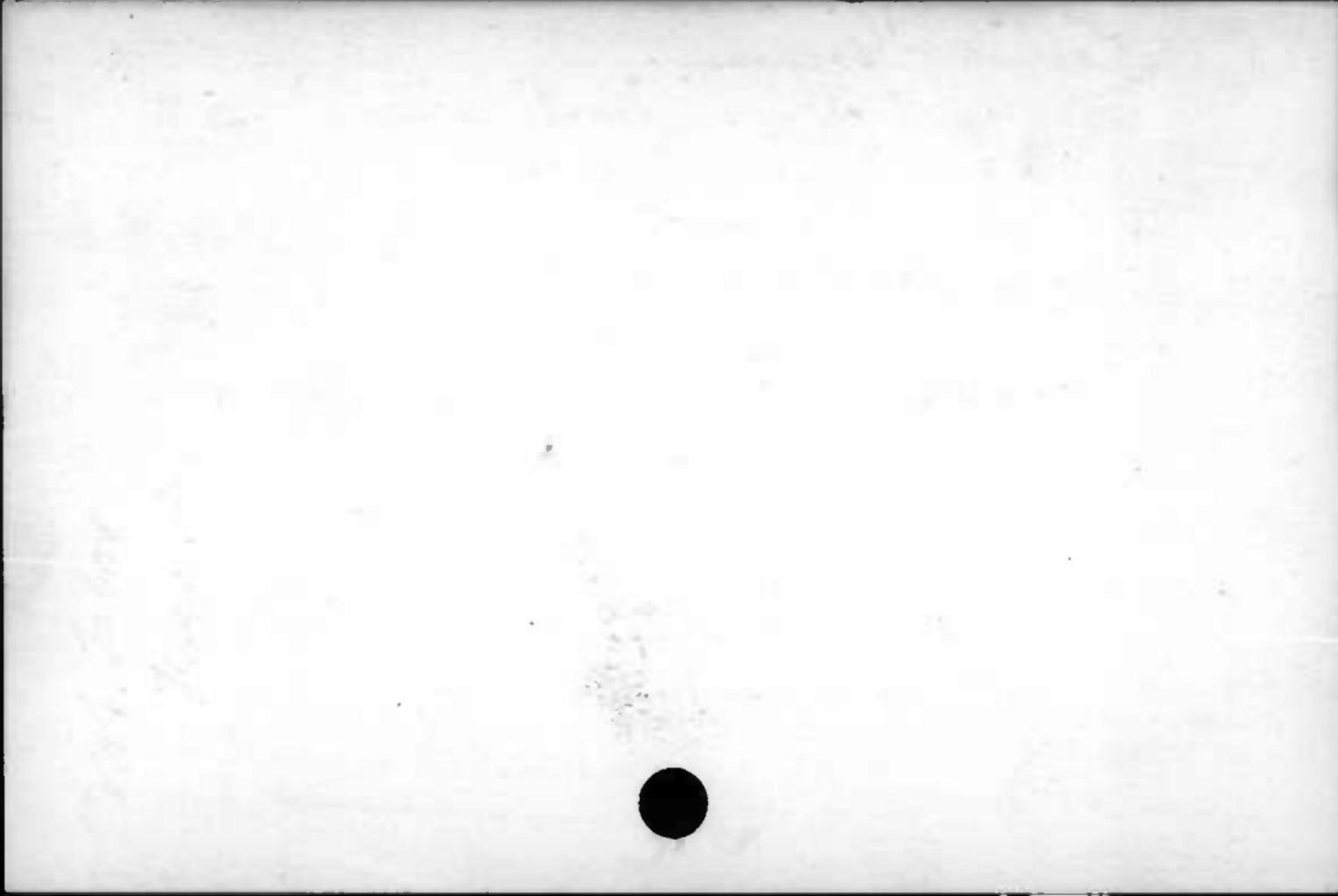
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	55
Occupation	House-wife	Where Residing if not at place of death	Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Leonora Grimes.	
Father's Name	George James		Father's Birthplace	Maryland
Mother's Maiden Name	Rachael Naltie	(S)	Mother's Birthplace	Virginia
Name of person giving information	Mrs. John Morgan		How related to deceased	Sister

CAUSES OF DEATH

Primary	Tuberculosis Pulmonary	How long	5 years
Immediate	Hemorrhage - Shock	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Hubert Wade, M.D.
yes		Address	Boonsboro, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Stella viola Hahn

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Edward	at place of death
Father's Name	Hawson	Bates	Father's Birthplace
Mother's Maiden Name			Mother's Birthplace
Name of person giving information	Charles Edward Hahn		
	Husband		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Typhoid fever	How long
Immediate	Cerebral Hemorrhage	How long

Are the name, age, sex, color, date and place correctly given above?

yes

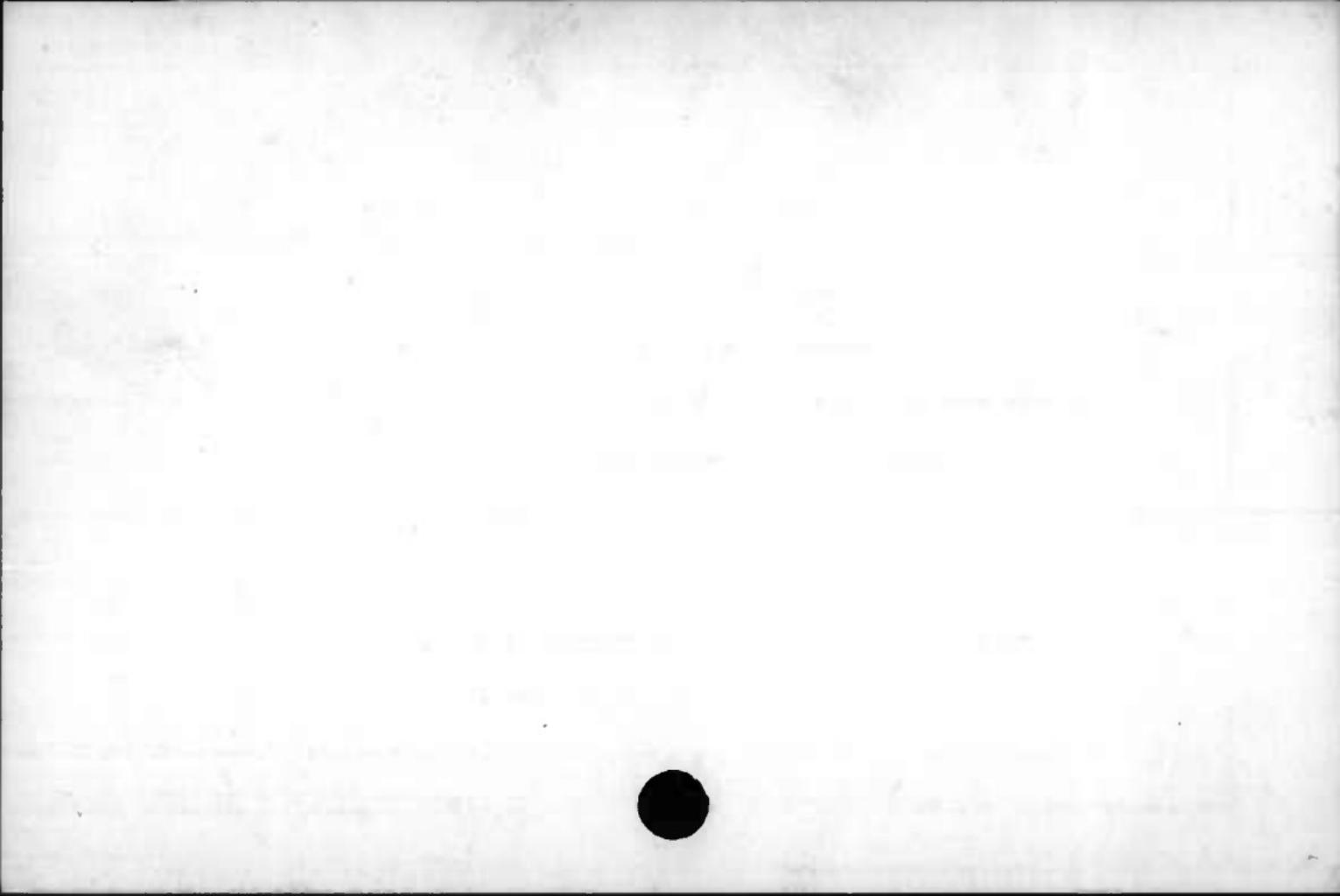
Signature of Physician

Address

A L Blessing M.D.
Brownsville

Accident or Suicide?

No.



Name
in
Full

Frank F. Hipsley.

CERTIFICATE OF DEATH

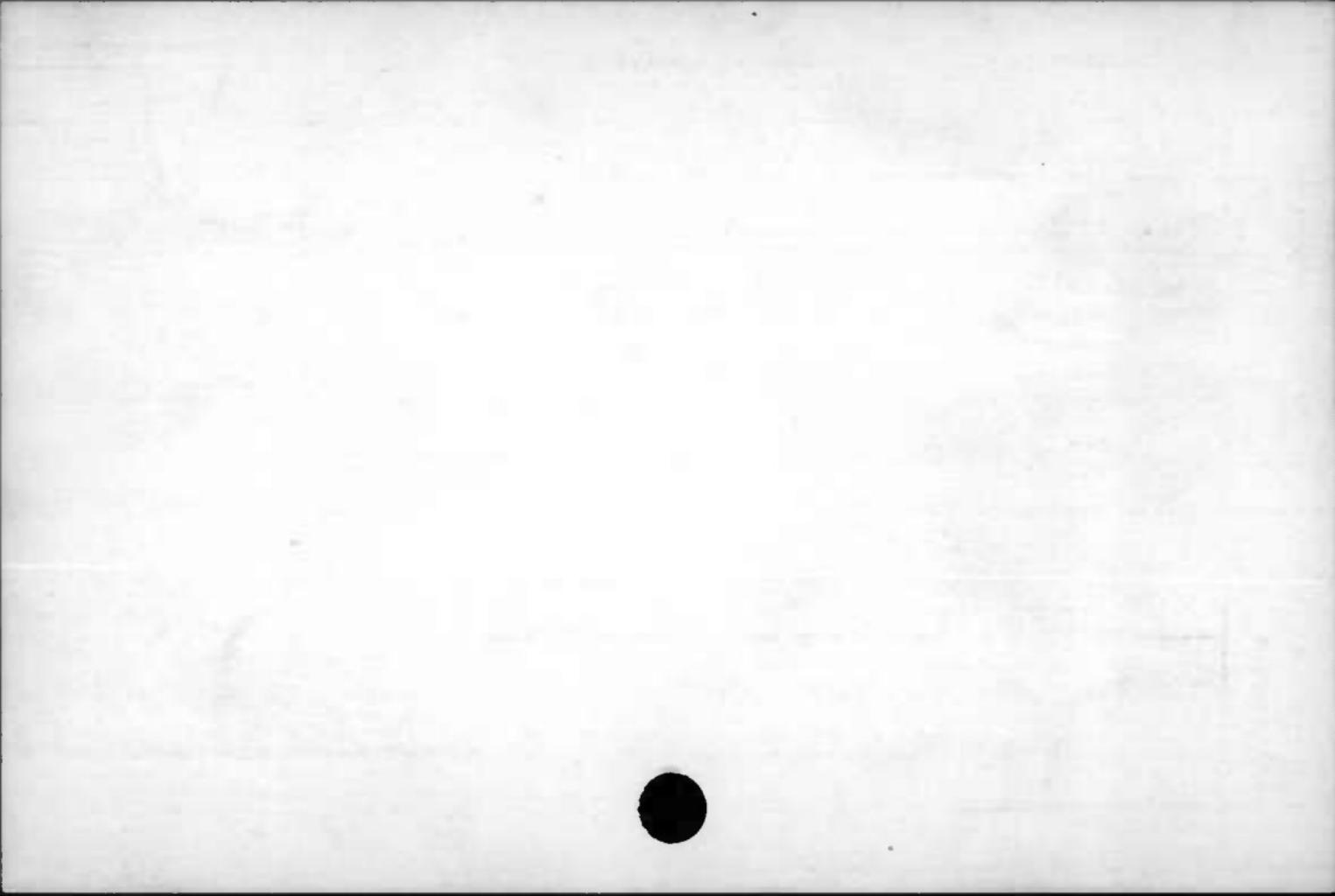
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Leagertown	Wash.	Months	Days	
Date of death	Month	Day	Years	Months	Days
1905	Sept	5	47	—	—
Sex	male	Color or Race	white	Birth-place	Pa.
Occupation	Telegraph Operator				
Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	Mrs Mamie Hipsley.		
Father's Name	Thomas Hipsley				
Mother's Maiden Name	Josephine Pratt				
Name of person giving Information	Gossie Hipsley				
Father's Birthplace	Pa.				
Mother's Birthplace	"				
How related to deceased	daughter.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	W.B. Morrison,	Leagertown,
Accident or Suicide?		Md.

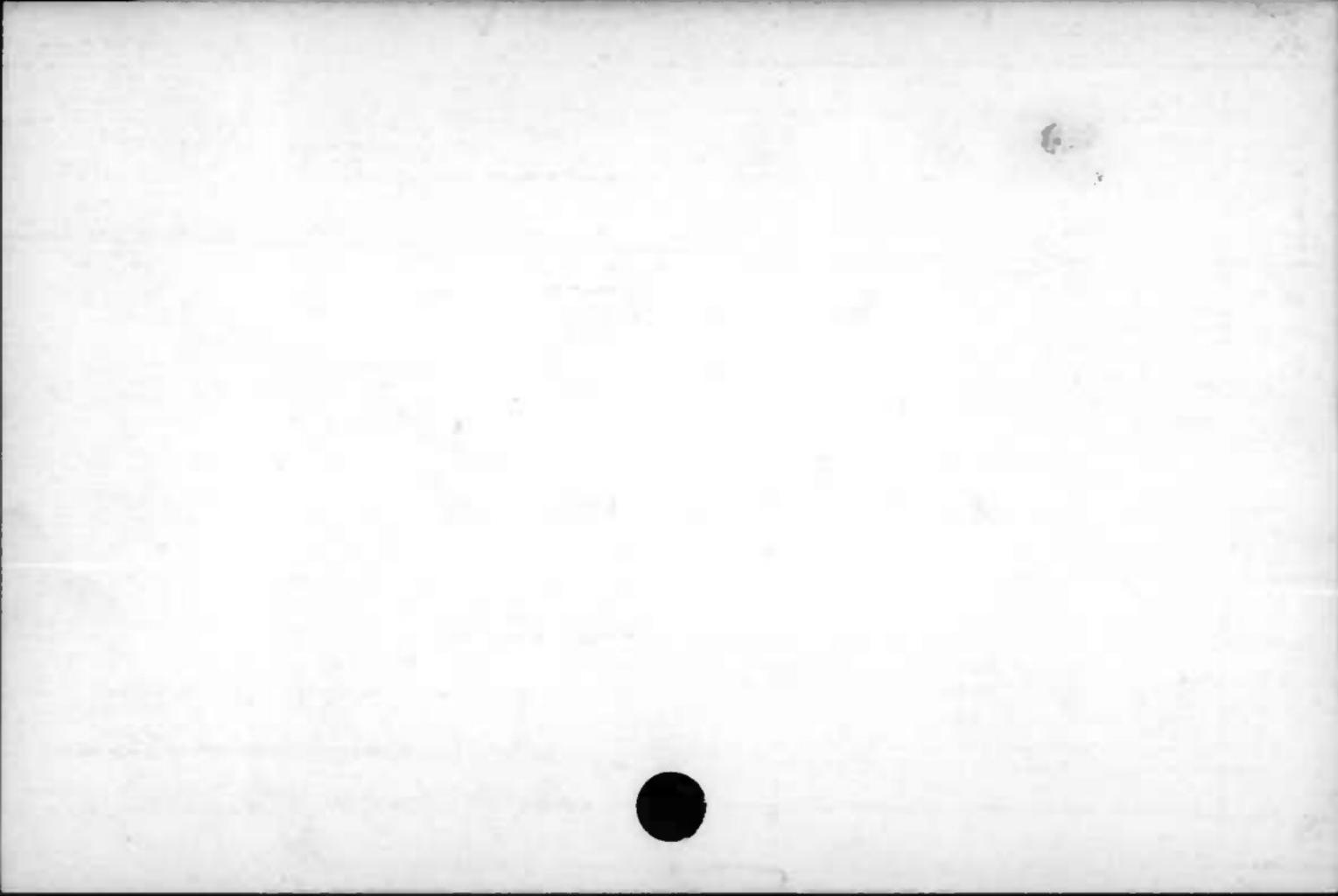


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A. Hockman					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Hagerstown	Washington		Month	Day	Years	Months	Days
1903	Sep.	7	Age	62	2	1	1
Sex	Female	Color or Race	White				
Occupation	Boarding-house keeper				Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Michael Hockman				
Father's Name	Daniel Long.				Father's Birthplace	Pa.	
Mother's Maiden Name	Mary Wise				Mother's Birthplace	Pa.	
Name of person giving Information	Mrs. Leach				How related to deceased	Daughter	
CAUSES OF DEATH							
Primary	Cerebral Hemorrhage.				How long	15 hours	
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Mary A. Laughlin		
Yes.				Address	28 W. Franklin St. Hagerstown, Md.		
Accident or Suicide?							



Name
in
Full

George W Hulker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	82	9	7
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Huffaker				
Mother's Maiden Name	Catherine Linn				
Name of person giving information	Mrs Samuel Beck				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

574

How long

Immediate

old age

4 years.

Are the name, age, sex, color, date and place correctly given above?

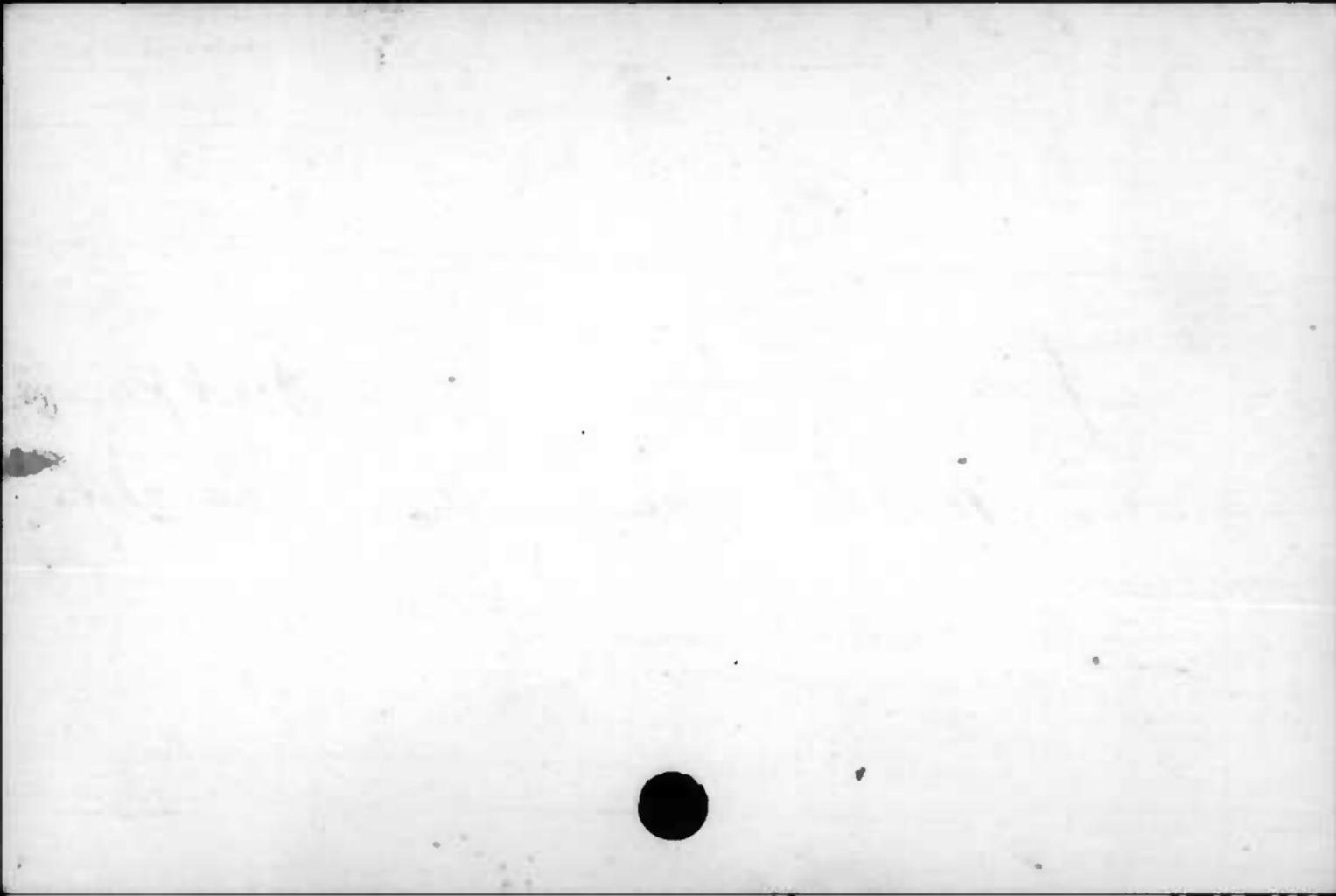
Yes

Signature of Physician

G. J. Baker M.D.
Rohrersville Md

Address

Accident or Suicide?



Name
in
Full

Mary Ann Elizabeth Keplinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Keezville Town

County

MARYLAND

Date
of death 1905Month 9Day 21Years 34Months 4Days —Sex FemaleColor
Face

white

Birth-
place Med

Occupation

HousewifeWhere Residing if not
at place of deathKeezvilleMarried, S-
or Wid- WidName of ~~Wid~~
HusbandSamuel Clinton KeplingerFather's
Name Jacob C RohrerFather's
Birthplace MedMother's
Maiden Name Roseann KeafawonMother's
Birthplace MedName of person giving
Information Mrs G. E. RidemoreHow related
to deceased Daughter

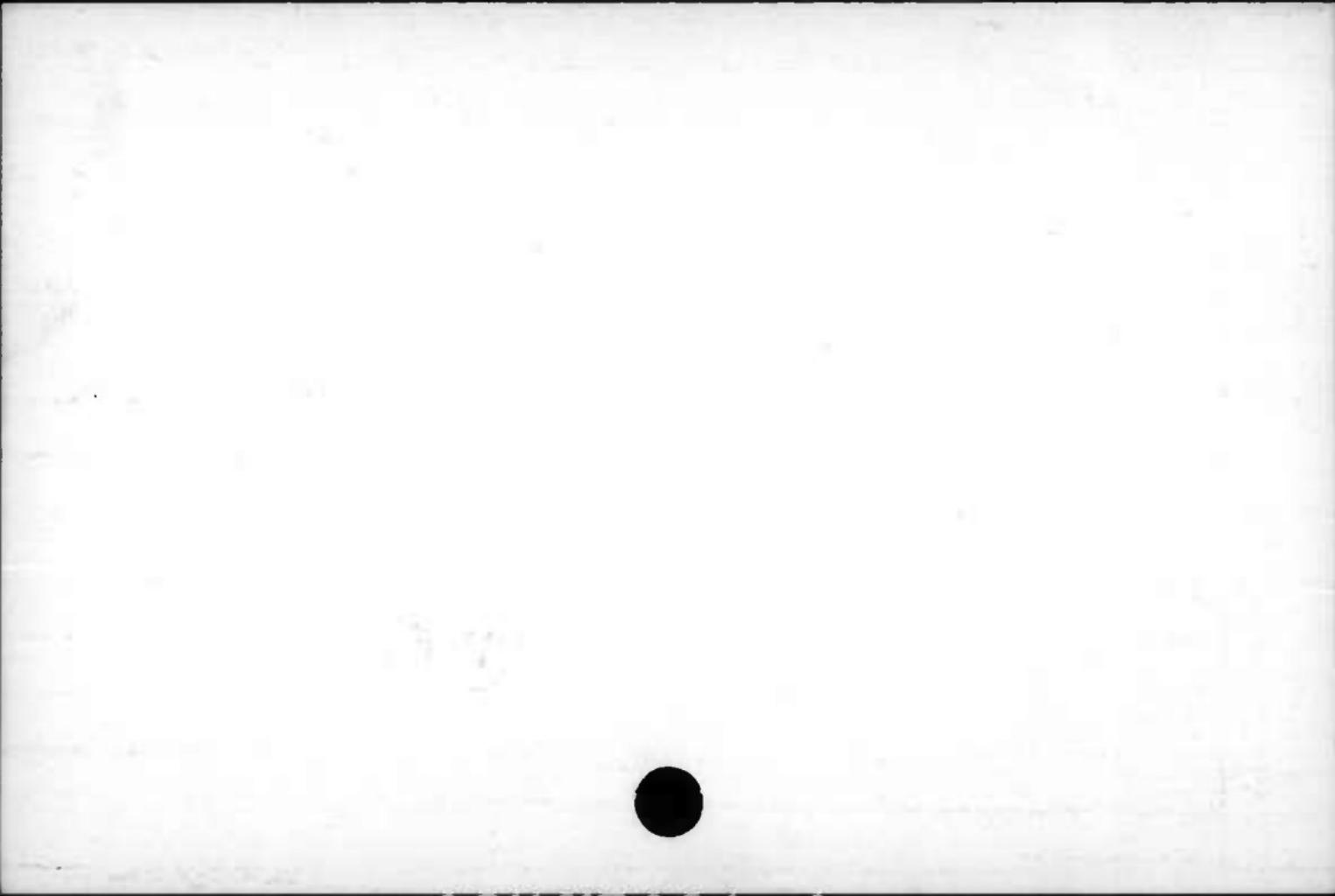
CAUSES OF DEATH

Primary

Syphilitic FeverHow long 3 weeks

Immediate

Fatty degen. of HeartHow long 21 hoursPHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician Wm. SchleserAddress Keezville MedAccident or Suicide —



Name
in
Full

Mark Edward Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Kaganshaw	Wash	Months	Days
Date of death	Month	Day	Years	
of death 1905	5	9	14	Age
Sex	Color or Race	Birth-place		
male	white	2nd.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
single				
Father's Name	Samuel E Lewis		Father's Birthplace	2nd.
Mother's Maiden Name	Hannie A Remmell		Mother's Birthplace	Wa.
Name of person giving information	SE Lewis		How related to deceased	father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

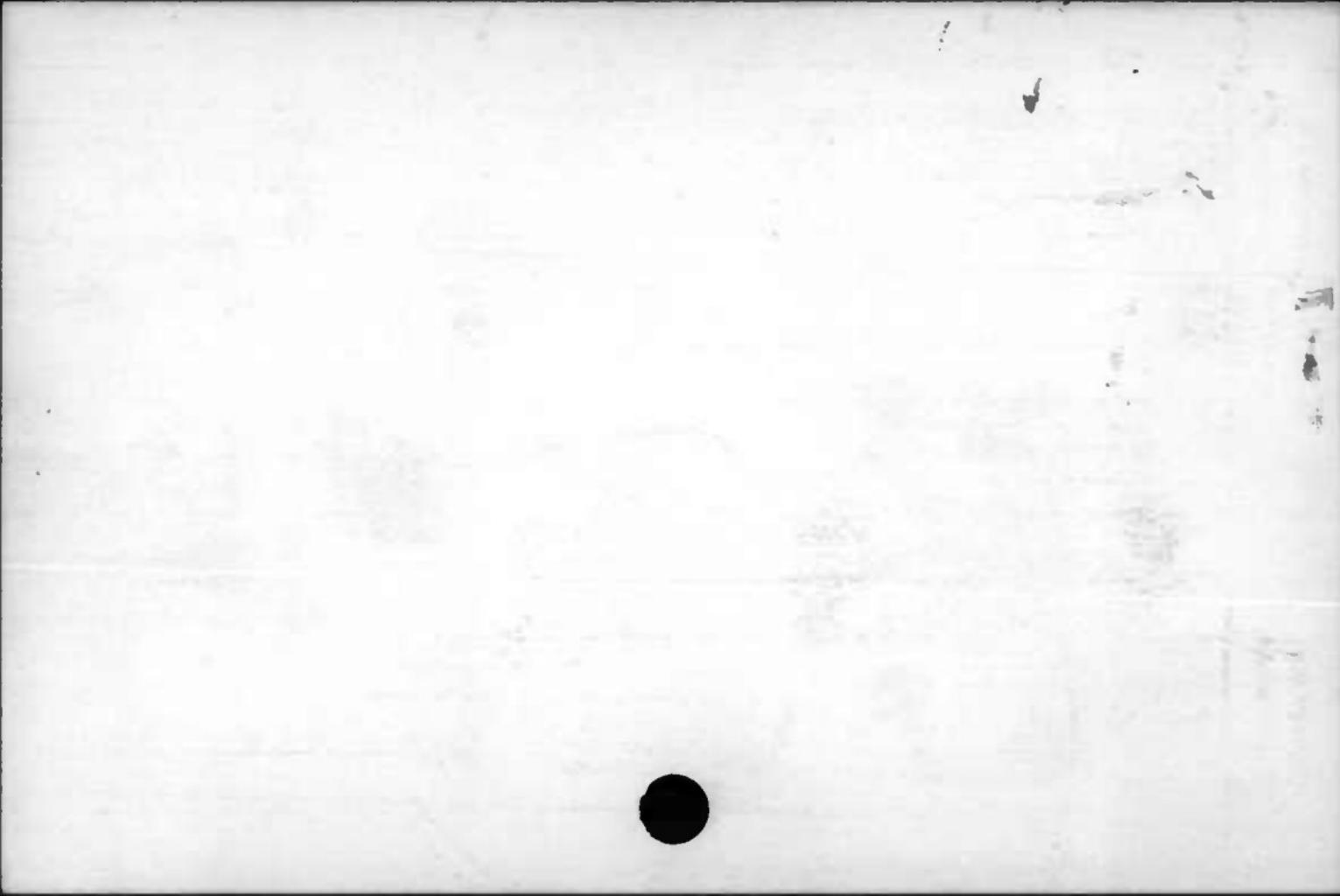
YY

Signature of Physician

Address

Wm. P. Smith M.D.
19 August 1905

Accident or Suicide?



Name
in
Full

Jonas S. McCandell

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

Washed

Date of death 1905 Month Sept Day 14 Age 38 Years 1 Months 1 Days 12

TO BE ANSWERED BY
NEAREST FRIEND

Sex single Color or Race white Birthplace Md.

Occupation Printer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife &
Husband

Carrie Good McCandell

Father's Name

Ulton F. McCandell

Father's Birthplace

Md.

Mother's
Maiden Name

Annie E. Morris

Mother's Birthplace

Name of person giving
Information

Mrs. J. S. McCandell

How related
to deceased

wife!

CAUSES OF DEATH

Primary

Sarcoida

✓x5

How long

8 months

Immediate

Exhaustion

How long

J. M. Scott
Hagerstown

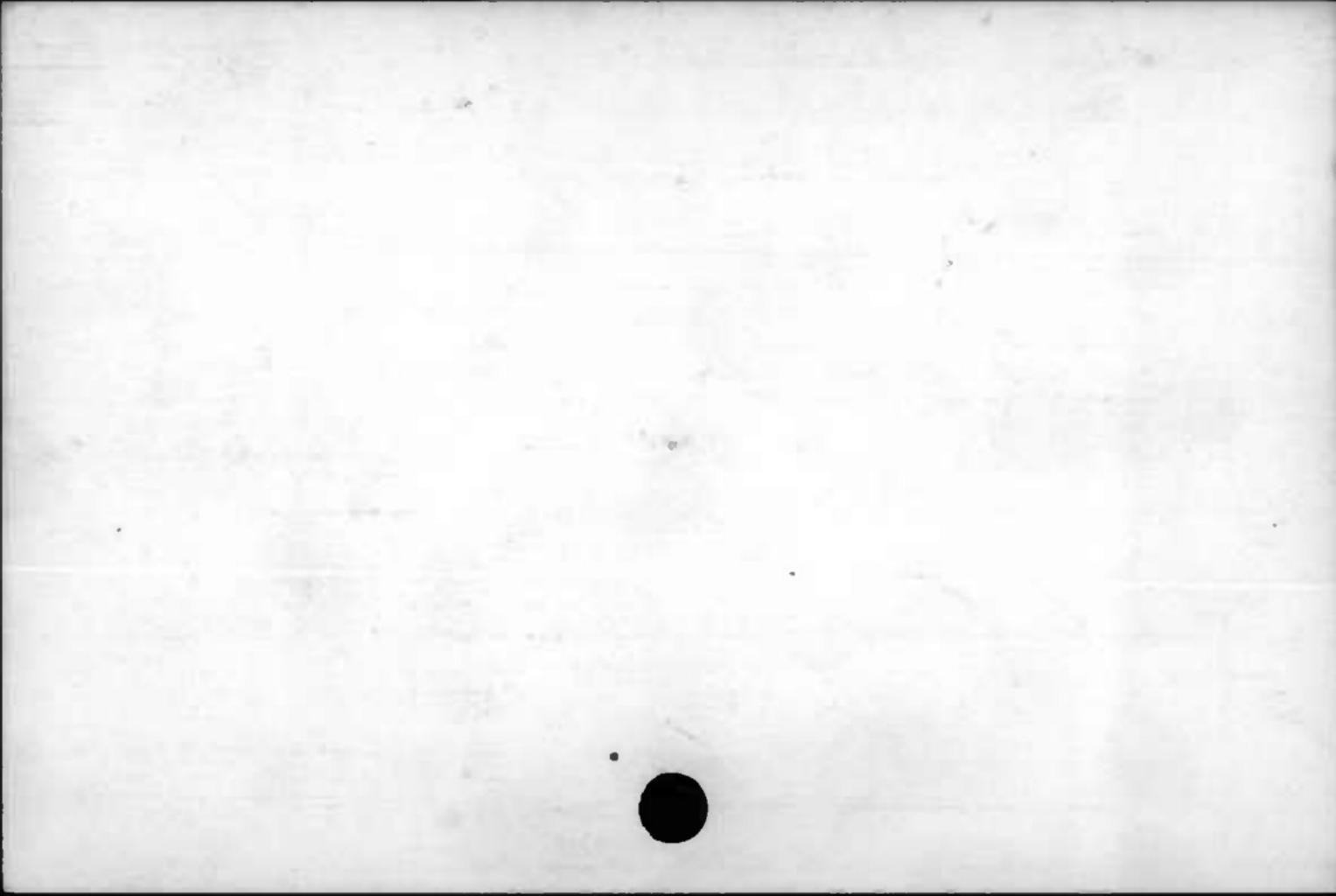
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Sarah MC Coy						CERTIFICATE OF DEATH		
Died at Maugansville			Town Stepmom County			MARYLAND		
Date of death 1905	Month Sept	Day 5	Age 81	Years	Months	Days	13 7/11	
Sex Female	Color or Race White		Birth-place Greenspring Twp					
Occupation Wife of RR Man	Where Residing if not at place of death			Maugansville				
Married, Single or Widowed Widow	Name of Wife or Husband Sarah MC Coy							
Father's Name Daniel MC Coy	Father's Birthplace Mc Cusker							
Mother's Maiden Name Shaw	Mother's Birthplace Green Spring							
Name of person giving information Bessie MC Coy	How related to deceased							

CAUSES OF DEATH

Primary

Heart disease -



How long

Six months

Immediate

old age

How long

(Signature)

Are the name, age, sex, color, date and place correctly given above?

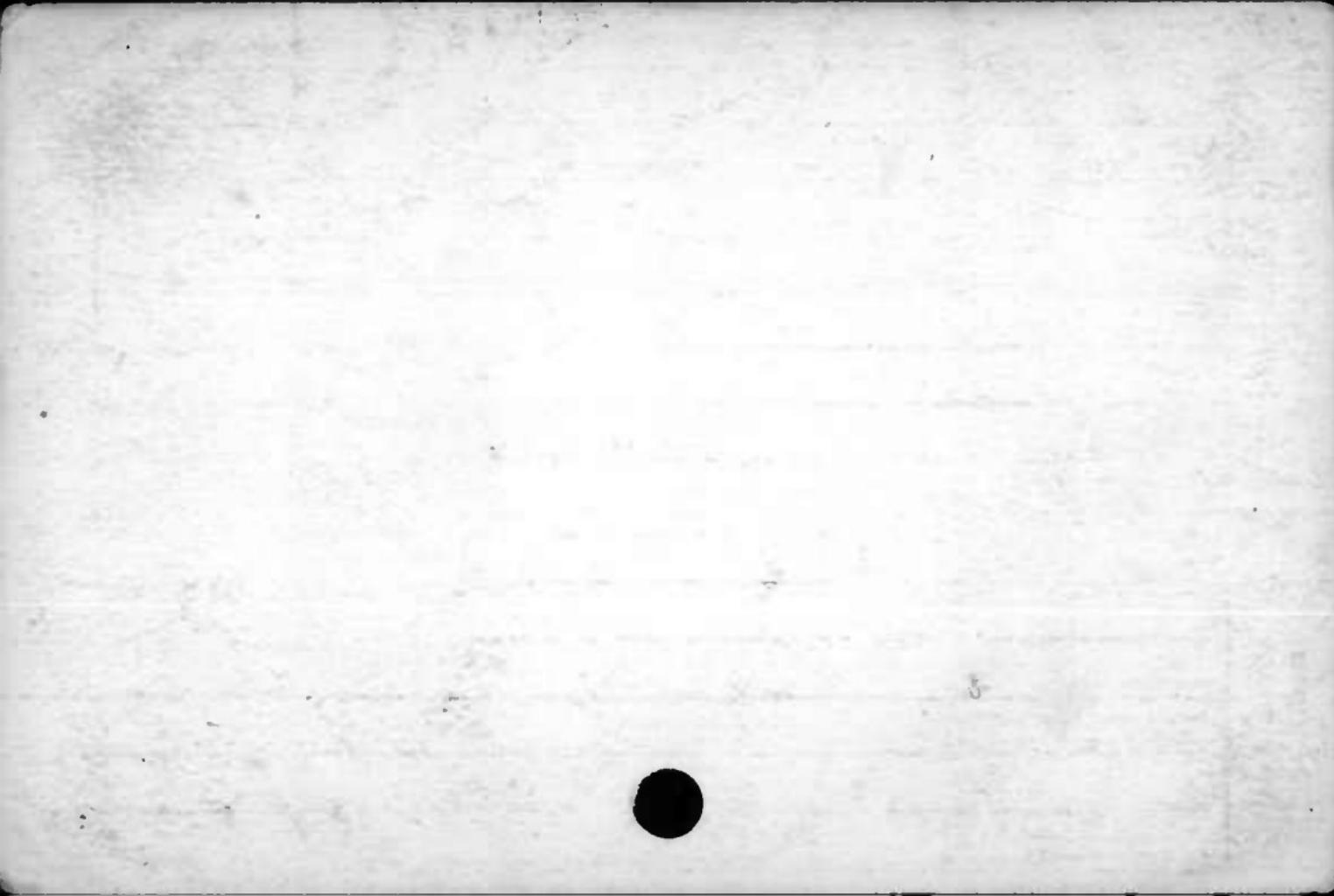
Yes

Signature of Physician

Address

Chas D. Doyle A.D.
Hagerstown Md.

Accident or Suicide?



Name
in
Full

Henry M^cPheeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank M ^c Pheeson			Father's Birthplace	Washington	
Mother's Maiden Name	Taney Powell			Mother's Birthplace	"	
Name of person giving information	Eulene M ^c Pheeson			How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Convulsions

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Clark Sub-Registration
Beaver Creek Md.

Accident or Suicide?



Name
in
Full

Charles Elmer Marshal

CERTIFICATE OF DEATH

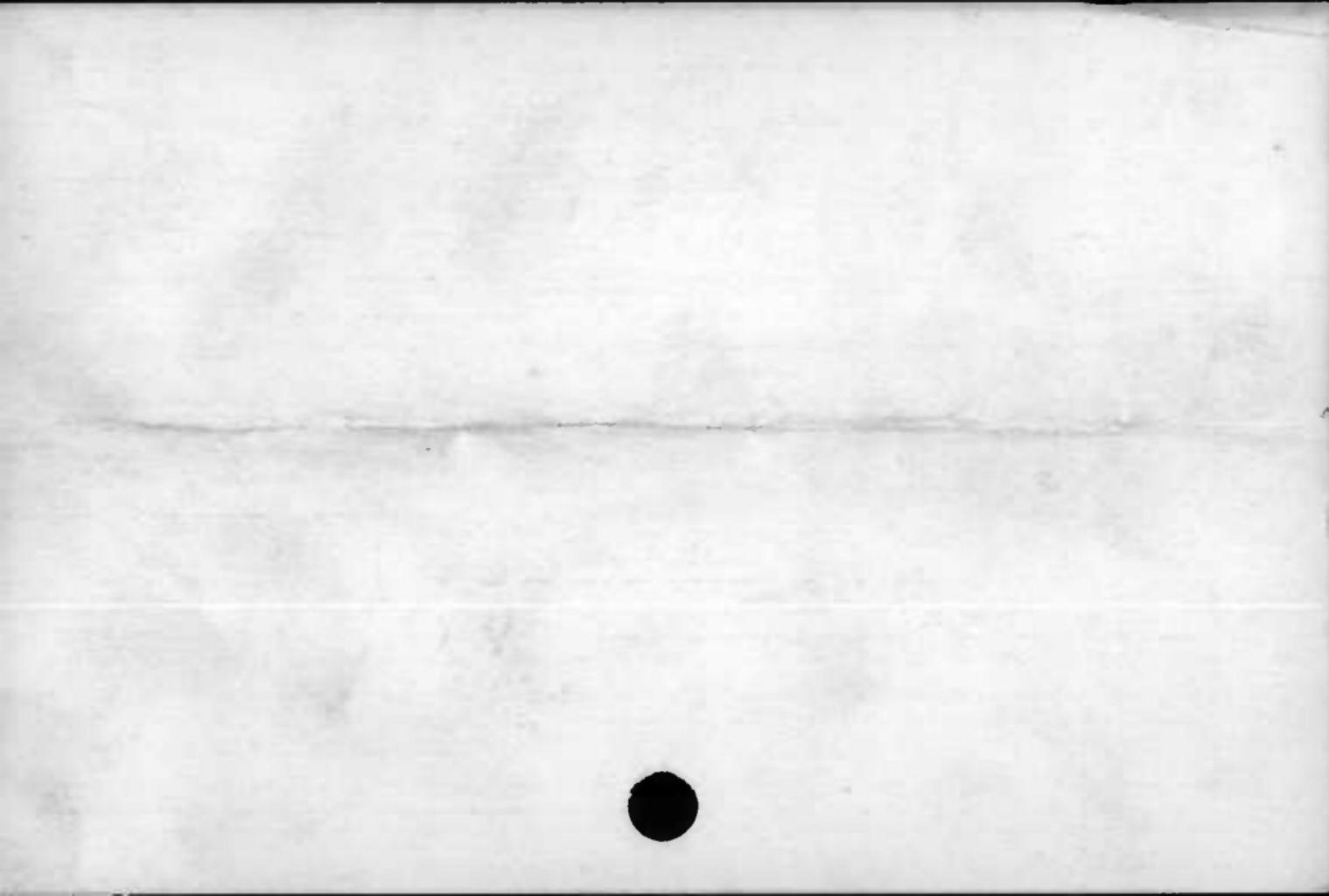
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Zegs	Wash.	Month 9	Day 1	Years 7
Date of death 1905	Age 7	Months 3	Days 23	
Sex male	Color or Race white	Birth-place Zegs Md		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name Jacob Marshal	Father's Birthplace Wash, Col Md			
Mother's Maiden Name Rachel Rebeca Holmes	Mother's Birthplace W. War.			
Name of person giving Information Dr. C. D. Baker	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Milk poisoning	How long 4 weeks.
Immediate 2nd Cutis	How long 3 da's.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician G. D. Baker M. D.
Address Rohrersville Md.	
Accident or Suicide?	



Name
in
Full

Catherine Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at her home		Town	County		State	
Date of death	Month	Day	Years	Age	Months	Days
1905	Sept	16	54	54	6	2
Sex	Female	Color or Race	Deathplace			
Occupation	Housekeeper			Baldwin Township		
Married, Single or Widowed	Widow	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Jacob Shank			Father's Birthplace	Franklin Co	
Mother's Maiden Name	Monetta Sprite			Mother's Birthplace	Md	
Name of person giving information	John Shank			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

How long

4 years

Immediate

(N/A)

How long

a

Are the name, age, sex, color, date and place correctly given above?

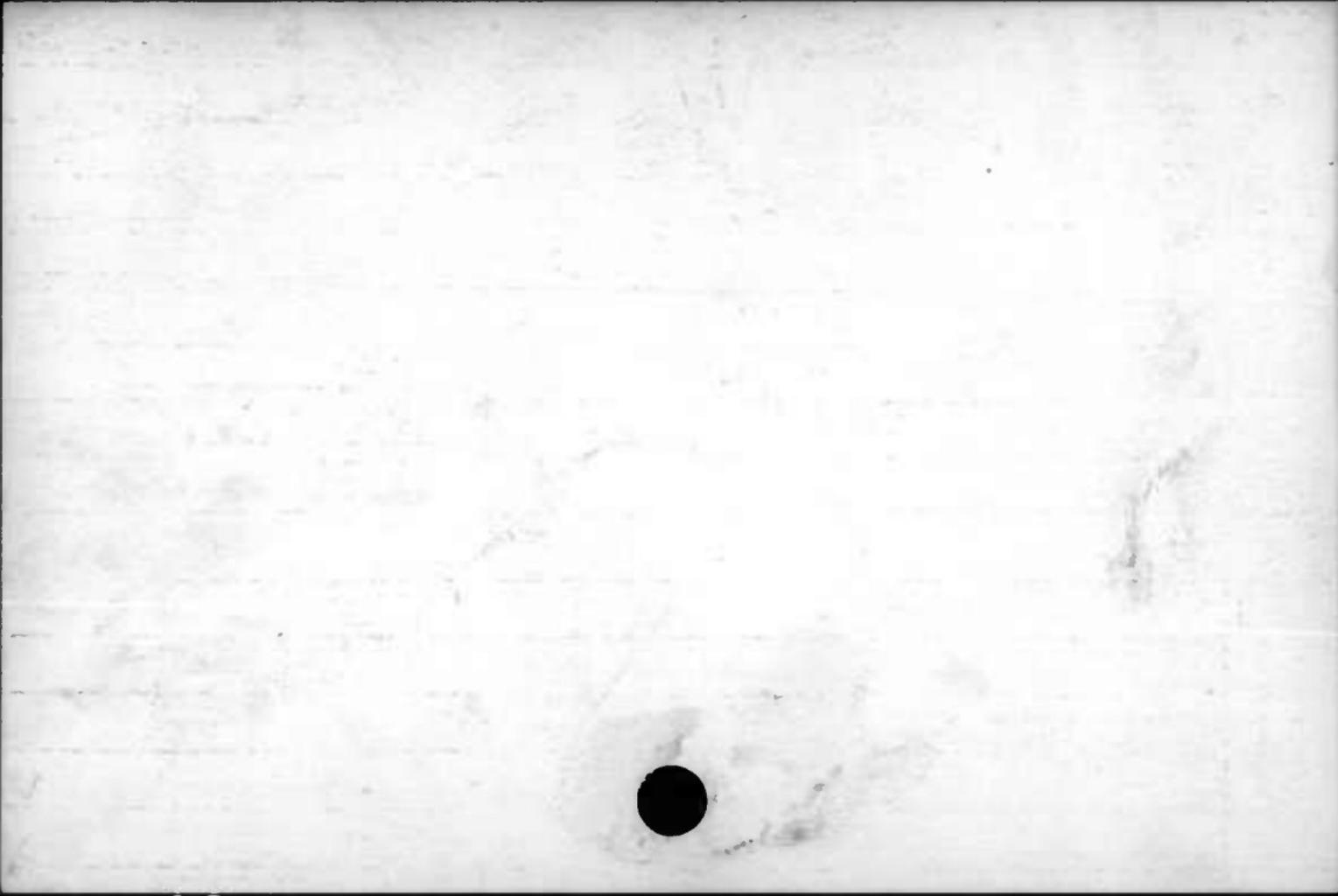
yes

Signature of Physician

Address

J. Howell
Greencastle Pa

Accident or Suicide?



Name
in
Full

Elizabeth Martz

CERTIFICATE OF DEATH

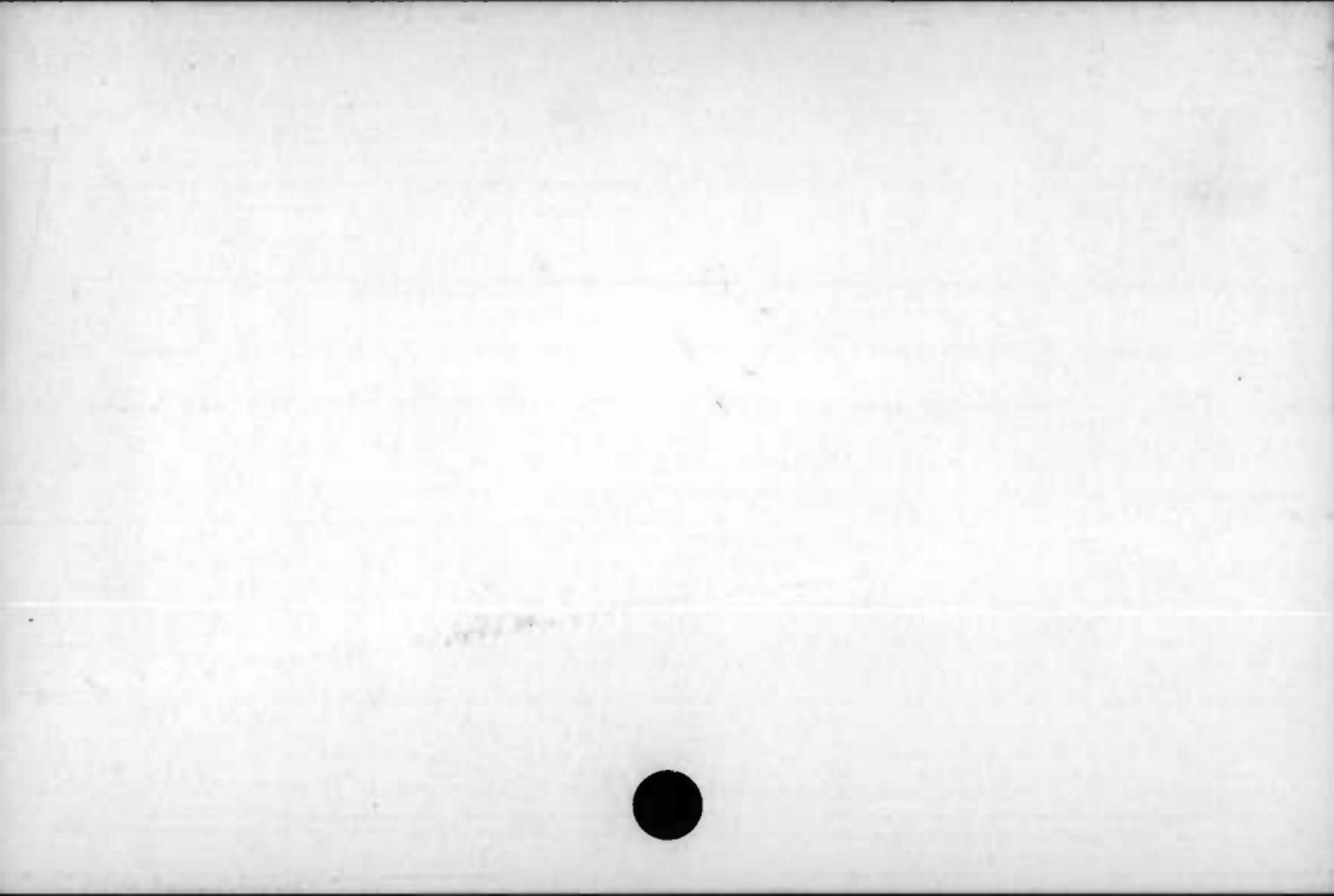
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905.	Month Sept.	Day 5 th	Age 70	Years	Months
Sex Female	Color or Race White	Occupation Nurse	Birth- place Maryland	Days	
Married, Single or Widowed Married					
Name of Wife or Husband John Martz					
Father's Name				Father's Birthplace Maryland	
Mother's Maiden Name Miller				Mother's Birthplace Maryland	
Name of person giving Information Clara Kline				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Apoplexy	How long 12 weeks
Immediate General Debility	How long 12 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address J. Hubert Brade, M.D. Boonsboro. Md.
Accident or Suicide? No	



Name
in
Full

Stillborn Middlekauff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	still-born	Birth-place	Neagustown Md	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Albert H. Middlekauff		Father's Birthplace	Harr Co. Md		
Mother's Maiden Name	Vigie C. Knock		Mother's Birthplace	Neagustown Md		
Name of person giving information	Albert H. Middlekauff		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Stillborn		How long			
Immediate			How long			

PHYSICIAN
OR CORONER

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

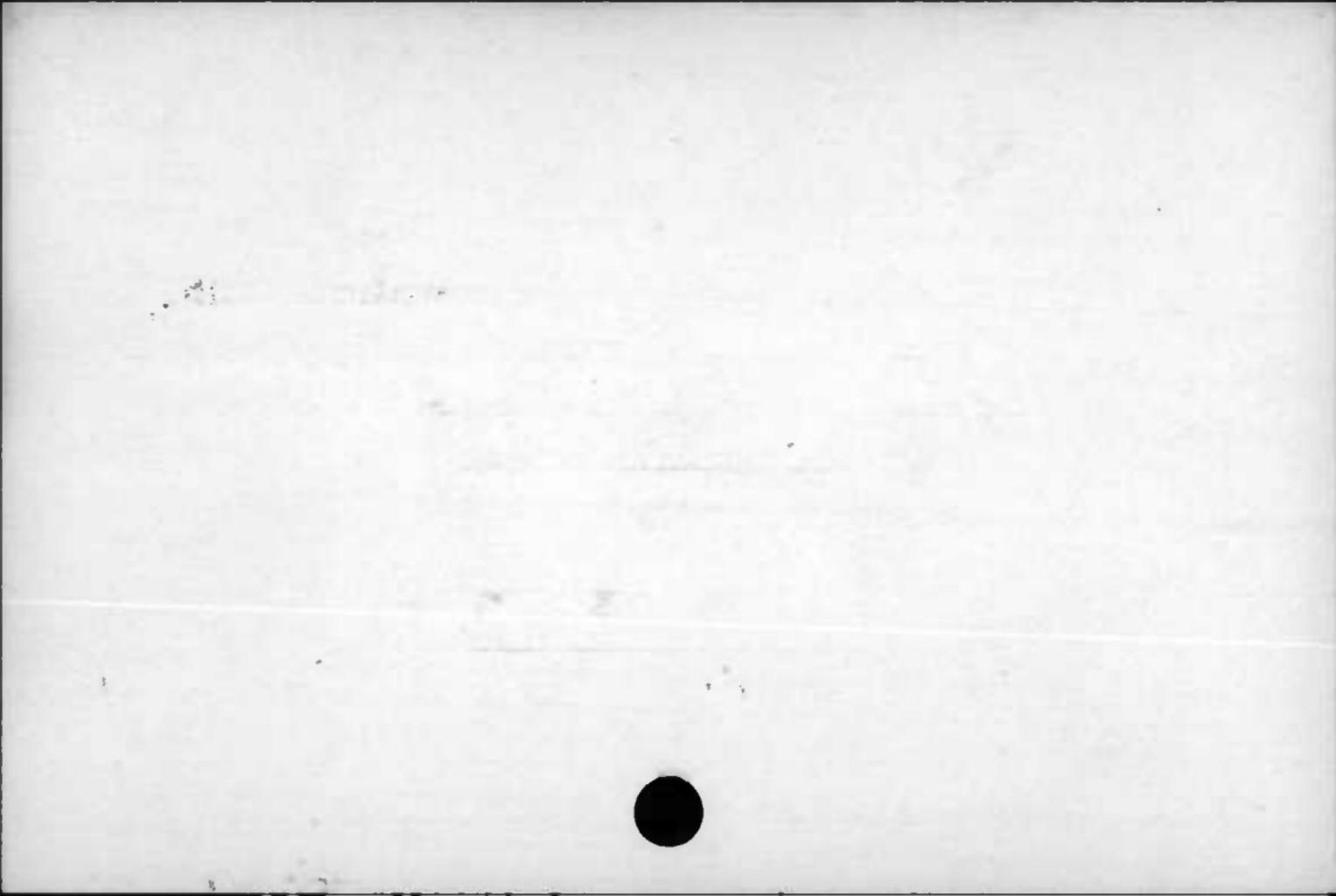
yes

Signature of Physician

Address

O. W. Ragan
Neagustown, Md.

Accident or Suicide?



Name
in
Full

John Thomas Miller 261

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

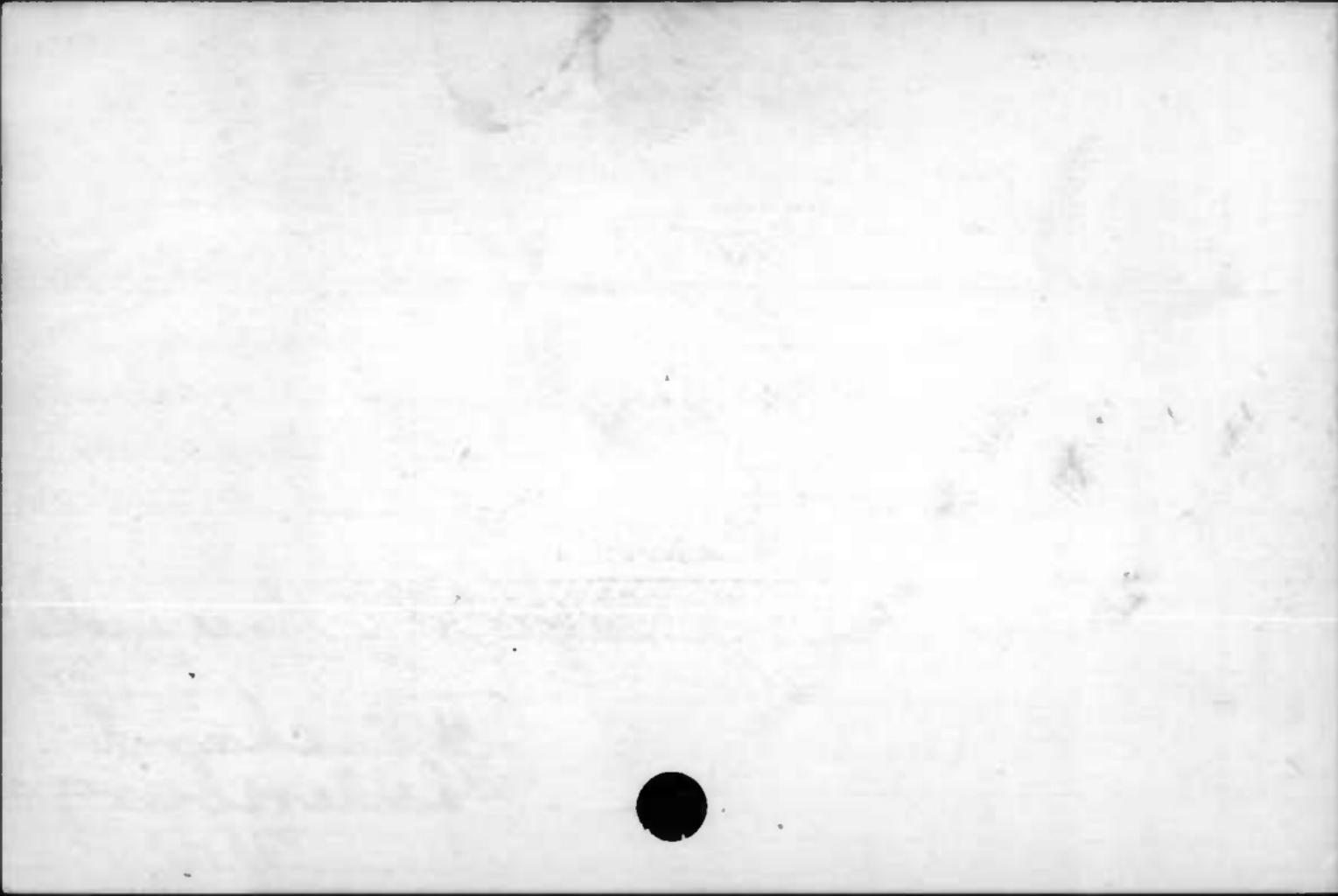
Died at	Town	County	MARYLAND
Date of death 190	Month Sept.	Day 2	Years 66 Months 11 Days 1
Sex Male	Color or Race White	Birth-place Berkeley W Va	
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Mary E. Spittersburg	Father's Birthplace Salyertown Va	
Father's Name Henry Miller	Mother's Maiden Name Mary French	Mother's Birthplace Back Creek	
Name of person giving information Clara E Miller	How related to deceased Daughter	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: General debility	How long 15X Three years
Immediate: Heart Failure	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr Richardson
	Address Williamsport Md.

Accident or Suicide



Name
in
Full

David Miner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	White		
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		David Miner		
Father's Name	John Miner		Father's Birthplace Leitersburg		
Mother's Maiden Name	Fiby Burkhard		Mother's Birthplace Mash. leg.		
Name of person giving information	Myrtle Miner		How related to deceased Daughter		

CAUSES OF DEATH

Primary

Infirmities of old age

How long

Three weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

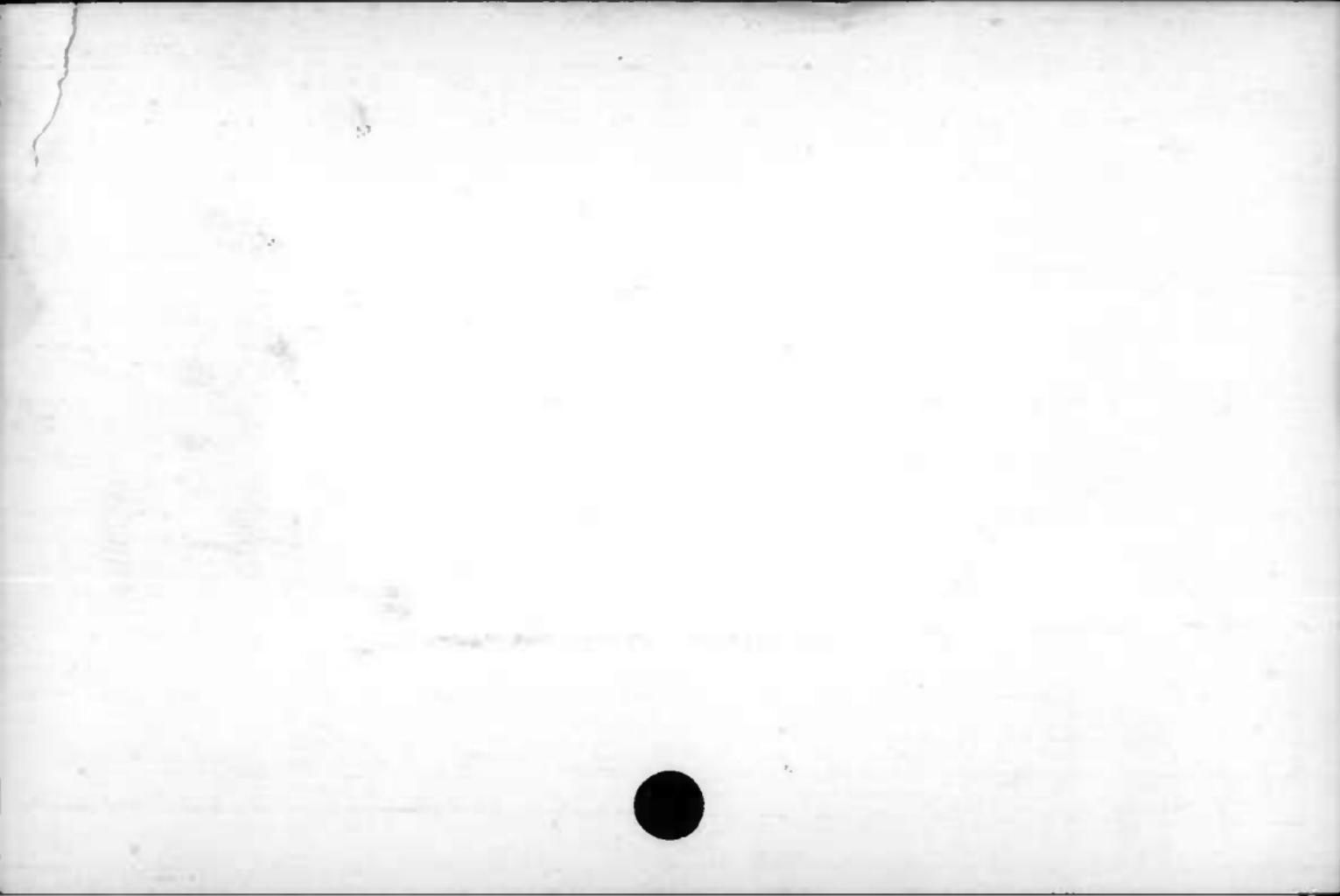
Signature of Physician

Address

J.H. Wishard
Leitersburg
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Claude R. Mofingo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Silas H Mofingo				
Mother's Maiden Name	Berrie Coffman				
Name of person giving Information	Silas H Mofingo				
Father's Birthplace	Pa				
Mother's Birthplace	W. Pa				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera infantum

How long

5

How long

Five days

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

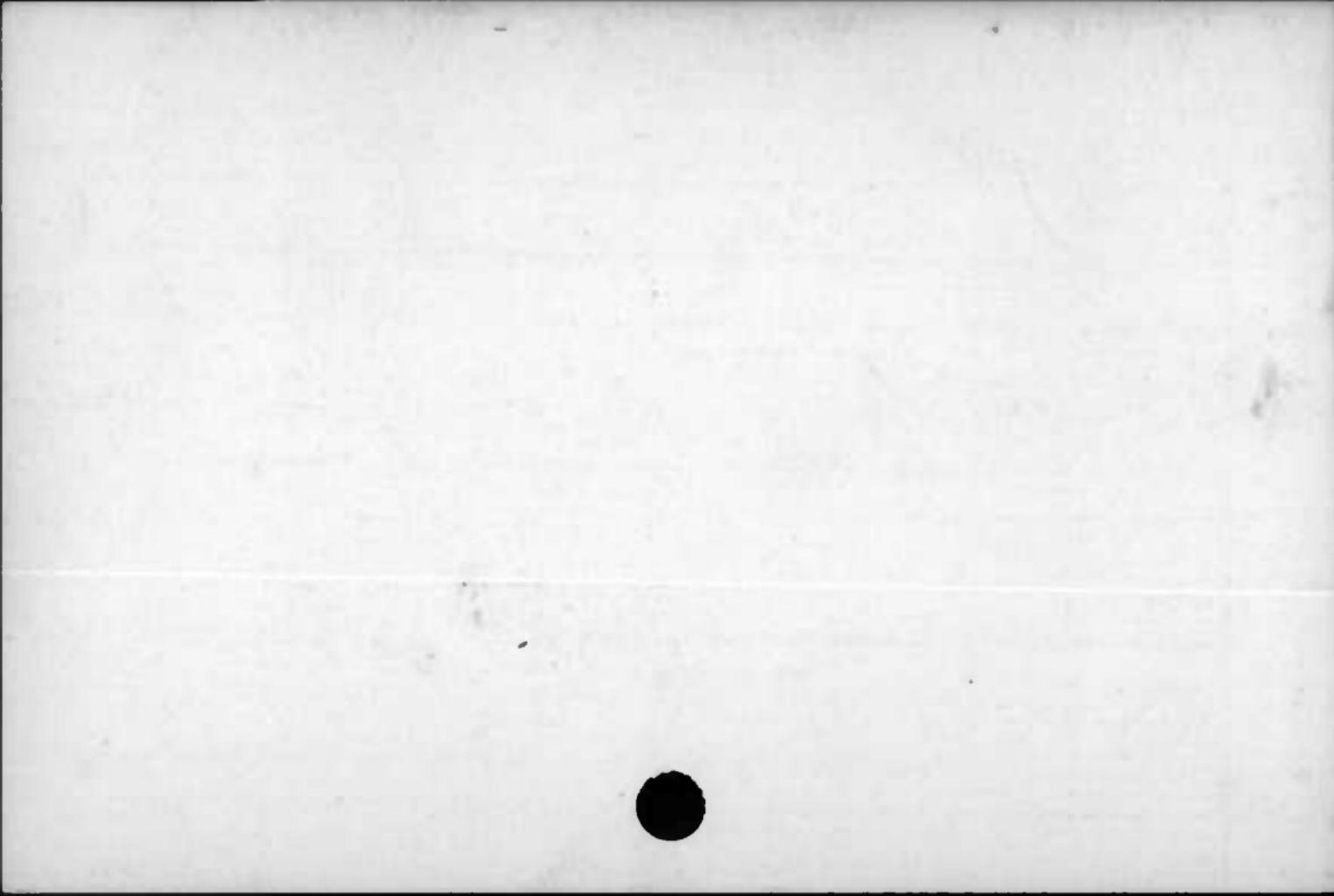
yes

Signature of Physician

Address

P. E. Pittsogle
Hagerstown
Md

Accident or Suicide?



Name
in
Full

David Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	82	2	12
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Green Spring Farms			
Father's Name	David Myers				
Mother's Maiden Name	Mrs. Elizabeth Householder				
Name of person giving information	Mrs Myers				
CAUSES OF DEATH					
Primary	Cholera Morbus				
Immediate	Inflammation				
How long 3 days					
How long 4 days					
Are the name, age, sex, color, date and place correctly given above?					
Yes					
Signature of Physician					
Address					
Glen Spring Washington Co.					

Witnessed & Subscribed

Brown July 23 1905
Greek Spring 1905.

1750 Piping

more like a typical

Polymer with the Holt 3-31

Name

in full
Full

A. Louise Prattler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Place of death		County	State	
Died at	Pine Grove	Place of death		Schuylkill	Pennsylvania	
Date of death	Month	Day	Year		Months	Days
1905	Sept	23	Age 70		—	—
Sex	Female	Color or Race	White	Birth-		
Occupation	Lady of leisure	Where Residing If not at place of death	Clear Spring Md			
Married, Single or Widowed	Widow	Name of Wife or Husband	Capt S. G. Prattler			
Father's Name	Jacob Ruyell	Father's Birthplace	Lancaster Pa			
Mother's Maiden Name	Elizabeth Middlekauff	Mother's Birthplace	Clear Spring			
Name of person giving information	J. W. Ruyell	How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemorrhage



How long

48 hours

Immediate

Hemorrhage

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

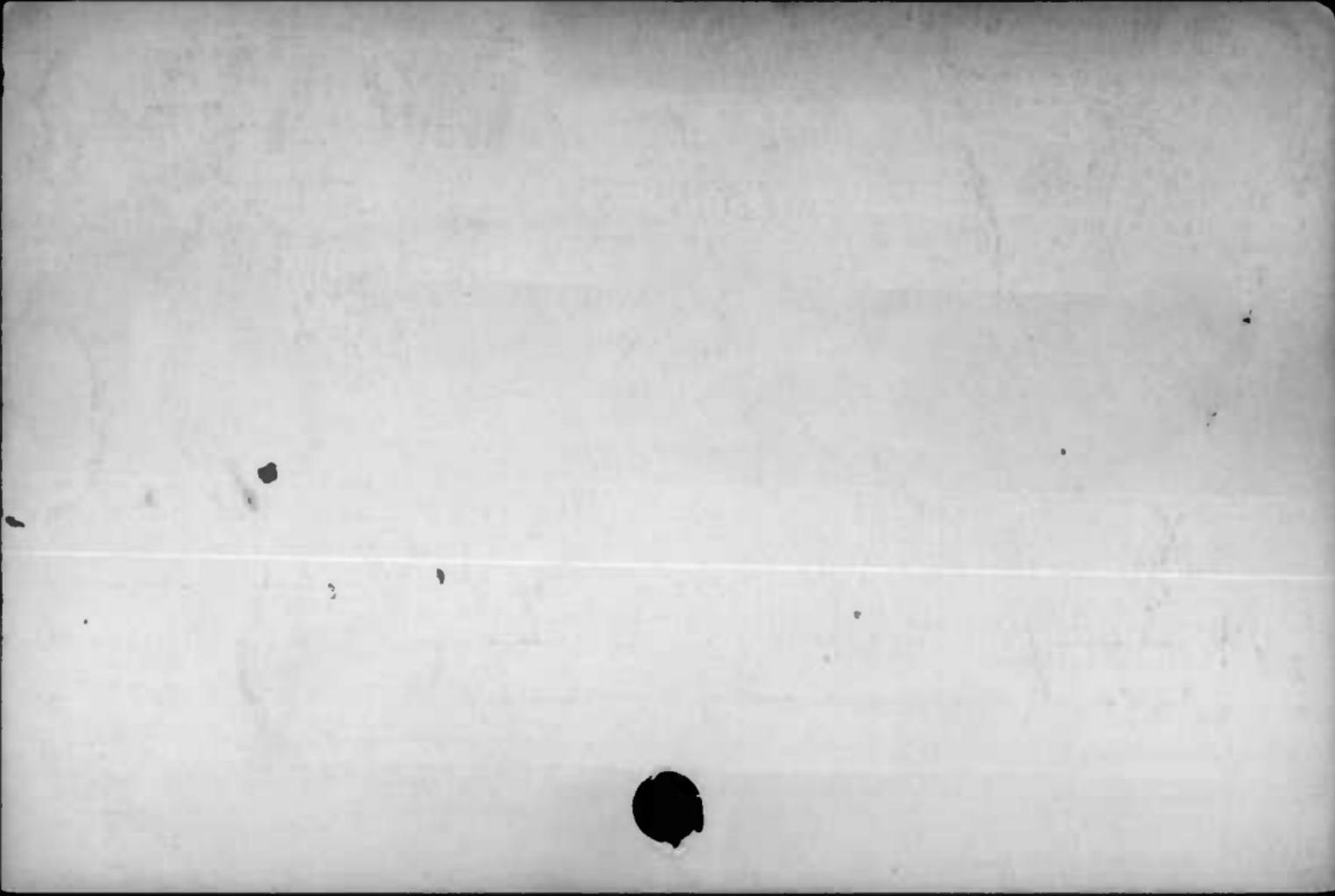
Yes

Signature of Physician

Address

Henry H. Rafferty
Physician
Pine Grove & City Clinic
Co Pennsylvania ~

Accident or Suicide?



Name
in
Full

Barry B. Reynolds.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908 9

17

30

7

2

Sex

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Machinist

Married, Single
or Widowed

Name of Wife
Husband

Lulu Kannan Reynolds

Father's
Name

Eros Reynolds

Father's
Birthplace

Md.

Mother's
Maiden Name

Martha B. Blair

Mother's
Birthplace

Name of person giving
Information

Lulu Reynolds

How related
to deceased

wife.

CAUSES OF DEATH

Primary

Inhalation of air

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

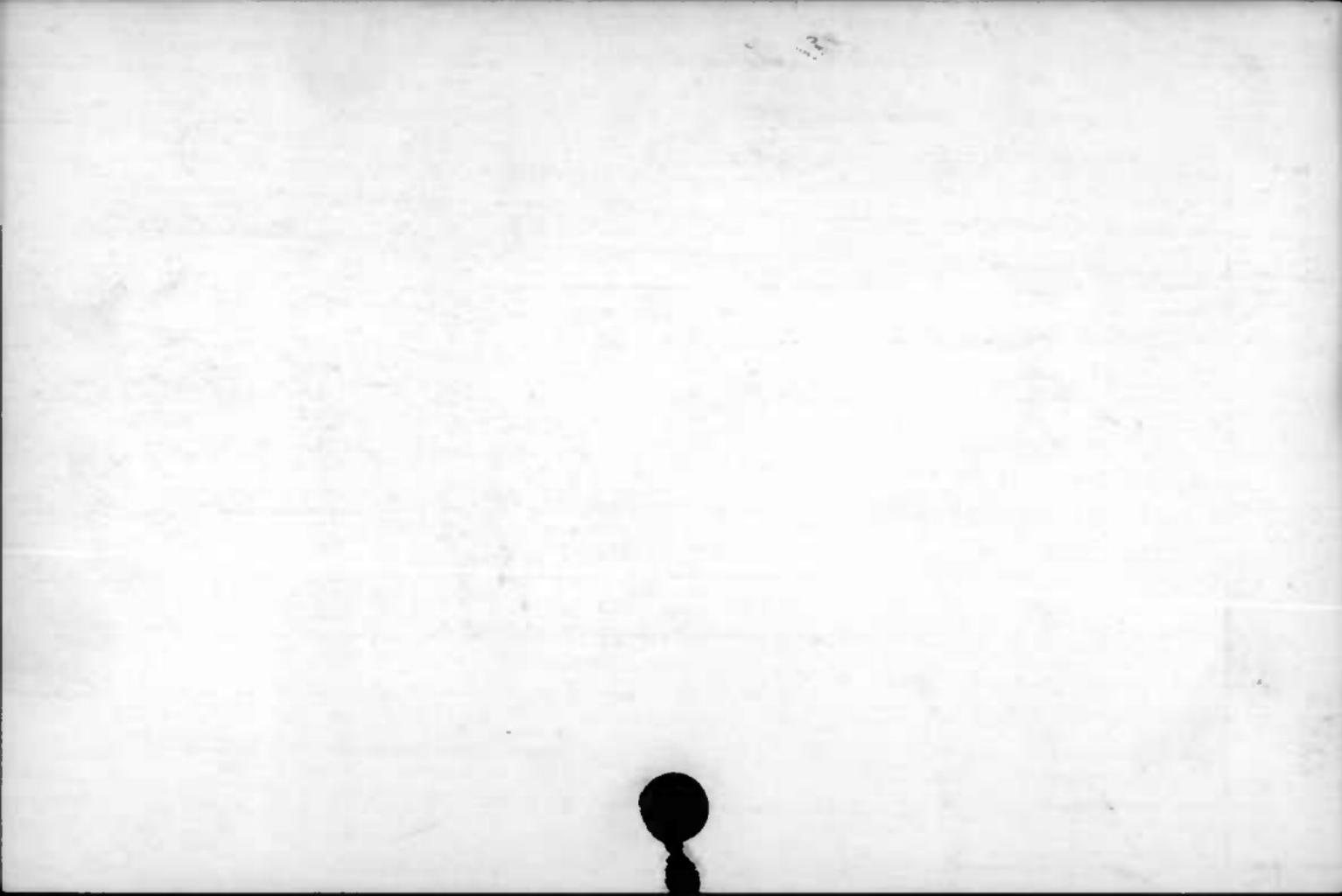
Signature of
Physician

Lulu Kannan

Address

Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Dr. G. A. Richardson

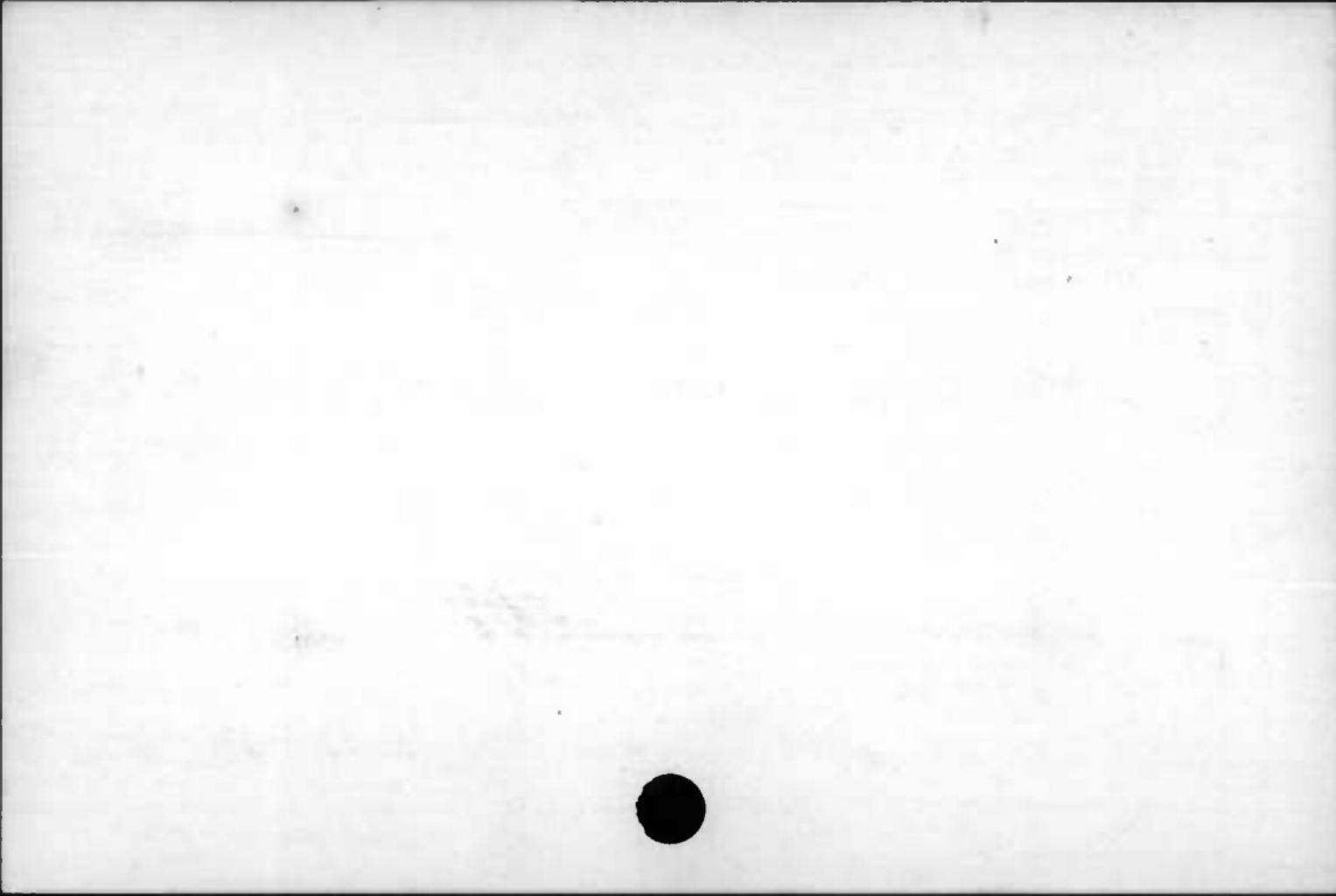
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	male	Color or Race	Age	69	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Leyottsille, Md.		
Father's Name	X J. Richardson				
Mother's Maiden Name	Mary A. Shank				
Name of person giving information	Dr. W. S. Richardson				

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Nervous Prostration
Immediate	Heart Failure
Are the name, age, sex, color, date and place correctly given above?	
yes	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
• NEAREST FRIEND

PHYSICIAN
OR CORONER

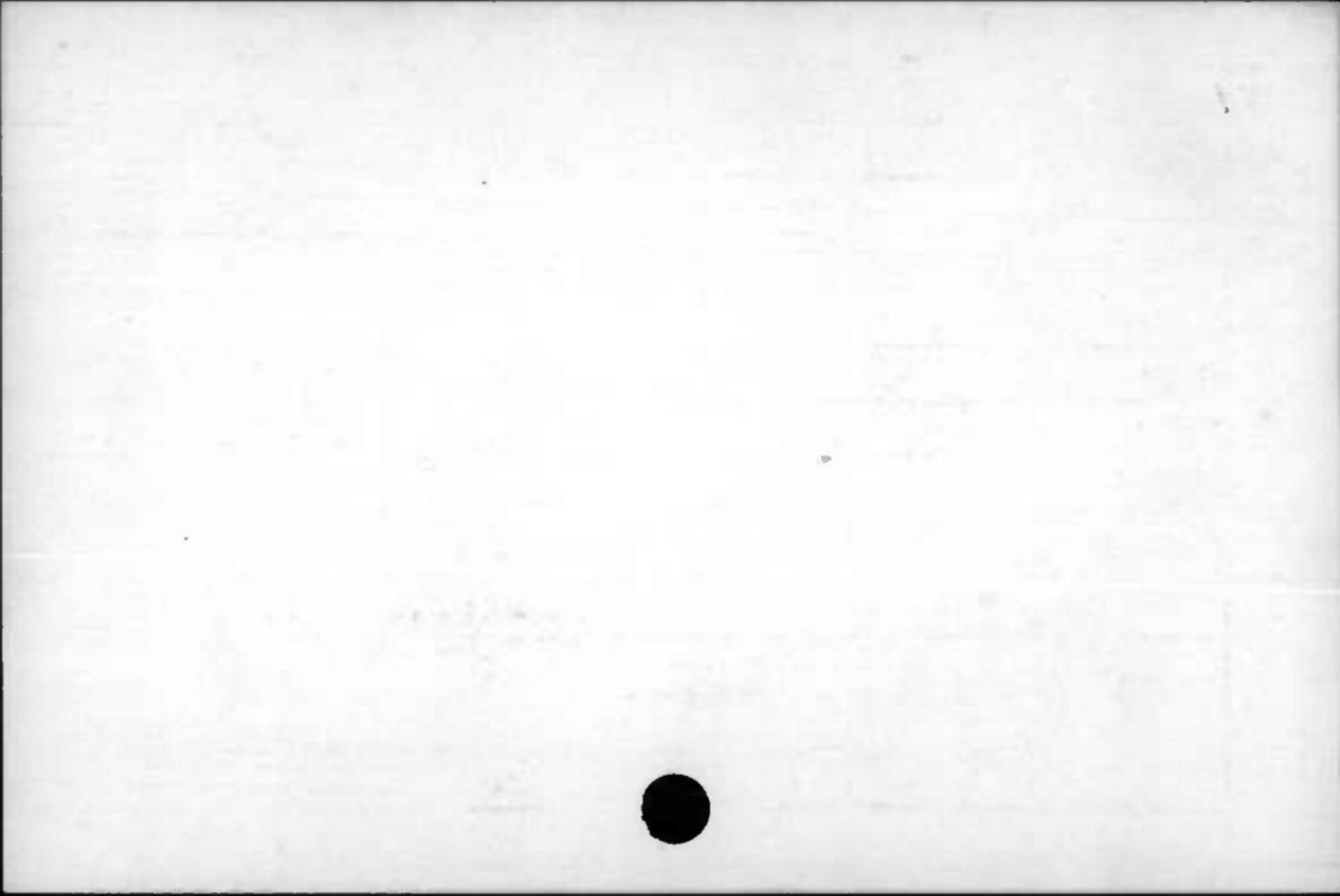
William Riley

CERTIFICATE OF DEATH

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death 190	Month 9	Day 6	Years 56	Age	Months	Days
Sex Male	Color or Race White	Birth-place Centerville, Pa,				
Occupation Restaurant Keeper		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—				
Father's Name John Riley	Father's Birthplace m. 2					
Mother's Maiden Name Sarah Stone	Mother's Birthplace Pa					
Name of person giving Information Chas. B. Boyle	How related to deceased no way					

CAUSES OF DEATH

Primary Apoplexy	How long for minutes
Immediate Apoplexy	How long for minutes
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide?	Chas. B. Boyle, M.D. Hagerstown, m. 2



Name
in
Full

Samuel E. Rouskulp

CERTIFICATE OF DEATH

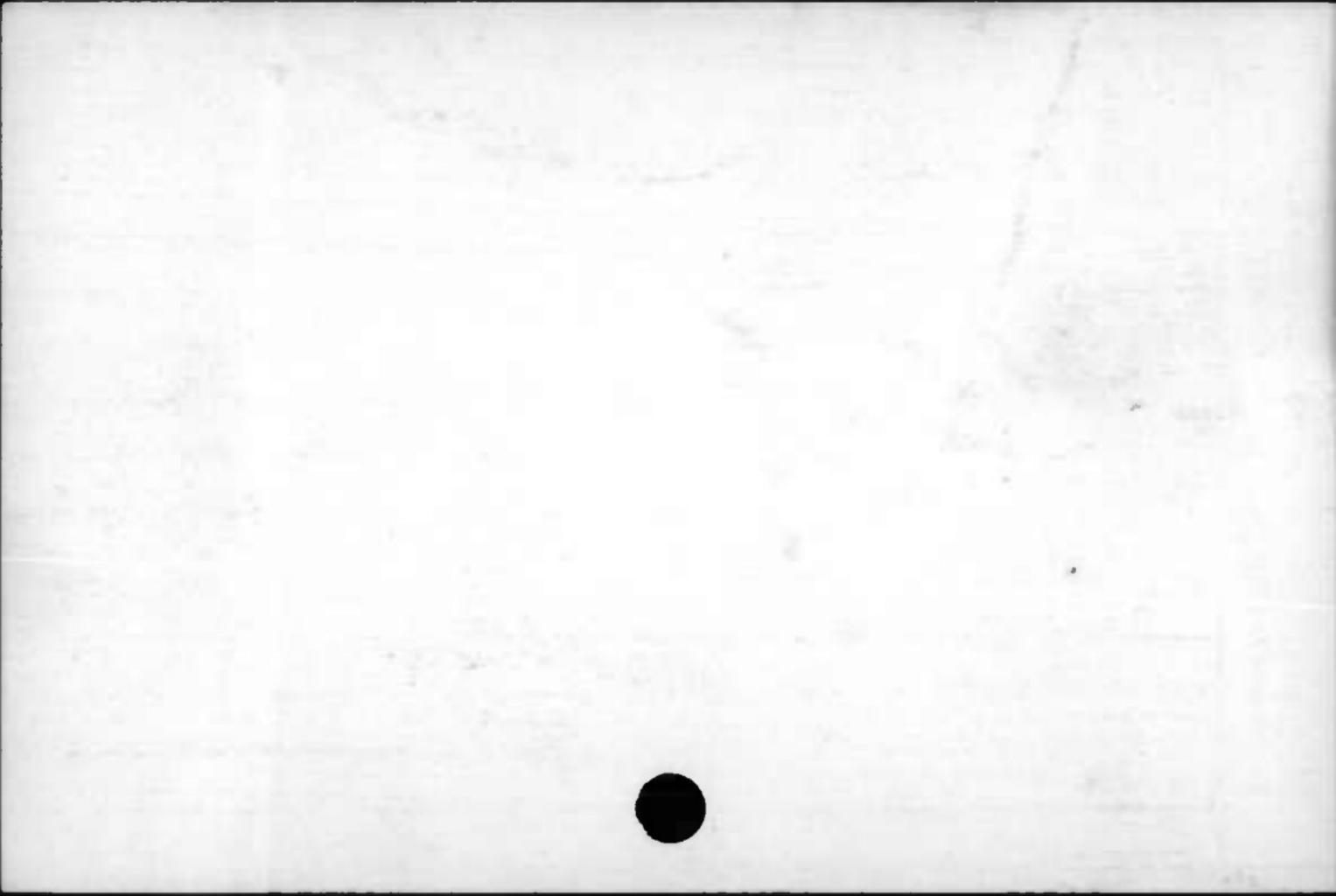
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Hagerstown		Wash.	Month	Days	
Date of death	1905	Sept.	5	Age	60
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Retired Merchant				
Married, Single or Widowed	widower				
Father's Name	Upton Rouskulp				
Mother's Maiden Name	Anna Wiss				
Name of person giving information	Bessie Rouskulp				
Where Residing if not at place of death					

CAUSES OF DEATH

Primary	Paralysis	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Norman Bruce Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Hagerstown					
Date of death	Month	Day	Years	Months	Days
1905	9	21	86	4	13
Sex	M	Color or Race	white	Birth-place	Md
Occupation	Physician		Where Residing if not at place of death	<i>Catharine McPherson</i>	
Married, Single or Widowed	Name of Wife Husband		<i>Catharine McPherson</i>		
Father's Name	<i>John Scott</i>		Father's Birthplace	Ireland	
Mother's Maiden Name	<i>Elizabeth Key Bruce</i>		Mother's Birthplace	Md	
Name of person giving information	<i>J.M. Scott</i>		How related to deceased	Son	

CAUSES OF DEATH

Primary

*Senility -
Exhaustion*

How long

15+

Immediate

How long

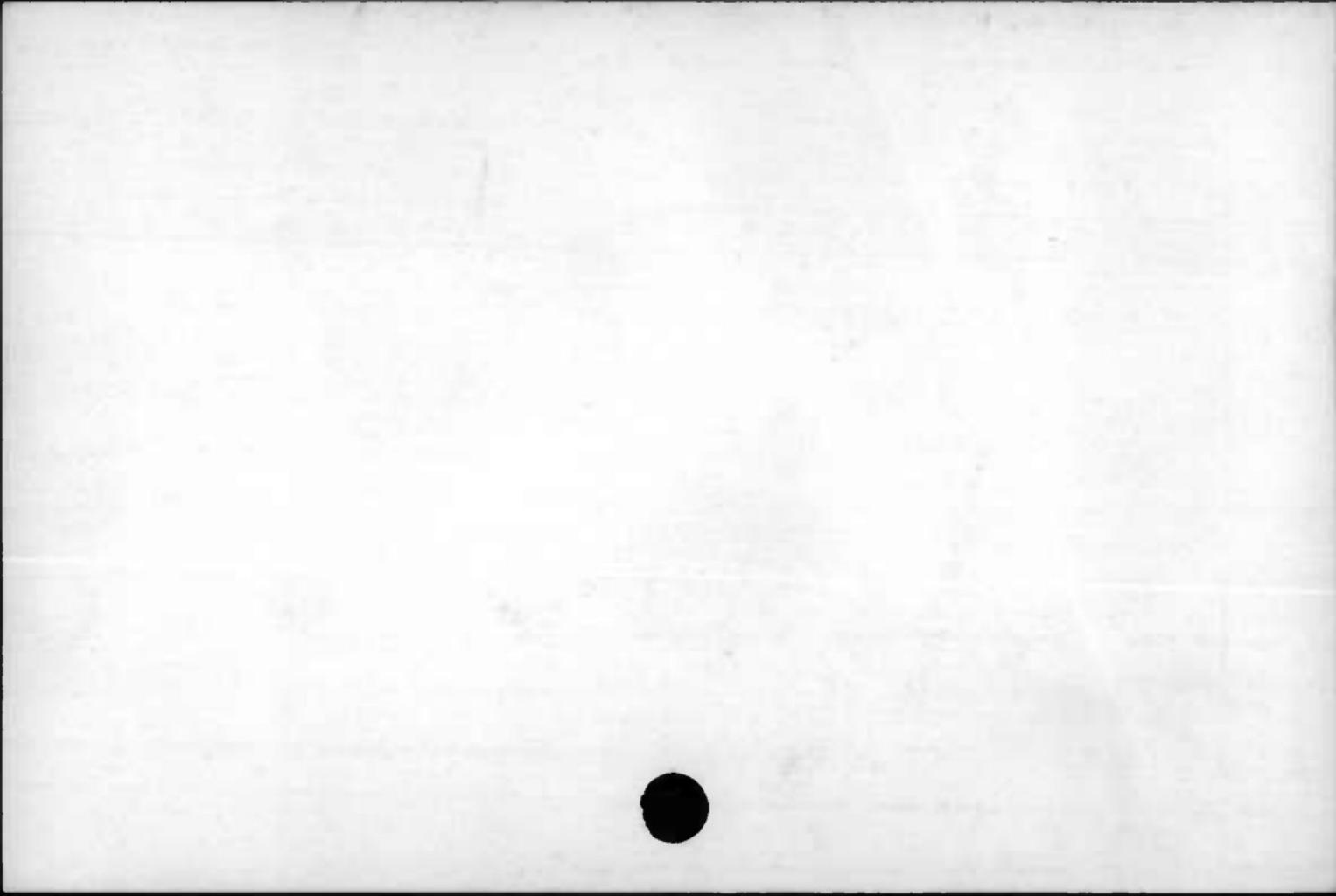
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*J.M. Scott
Hagerstown, Md*



Name
in
Full

Sybilla Encile Snyder.

CERTIFICATE OF DEATH

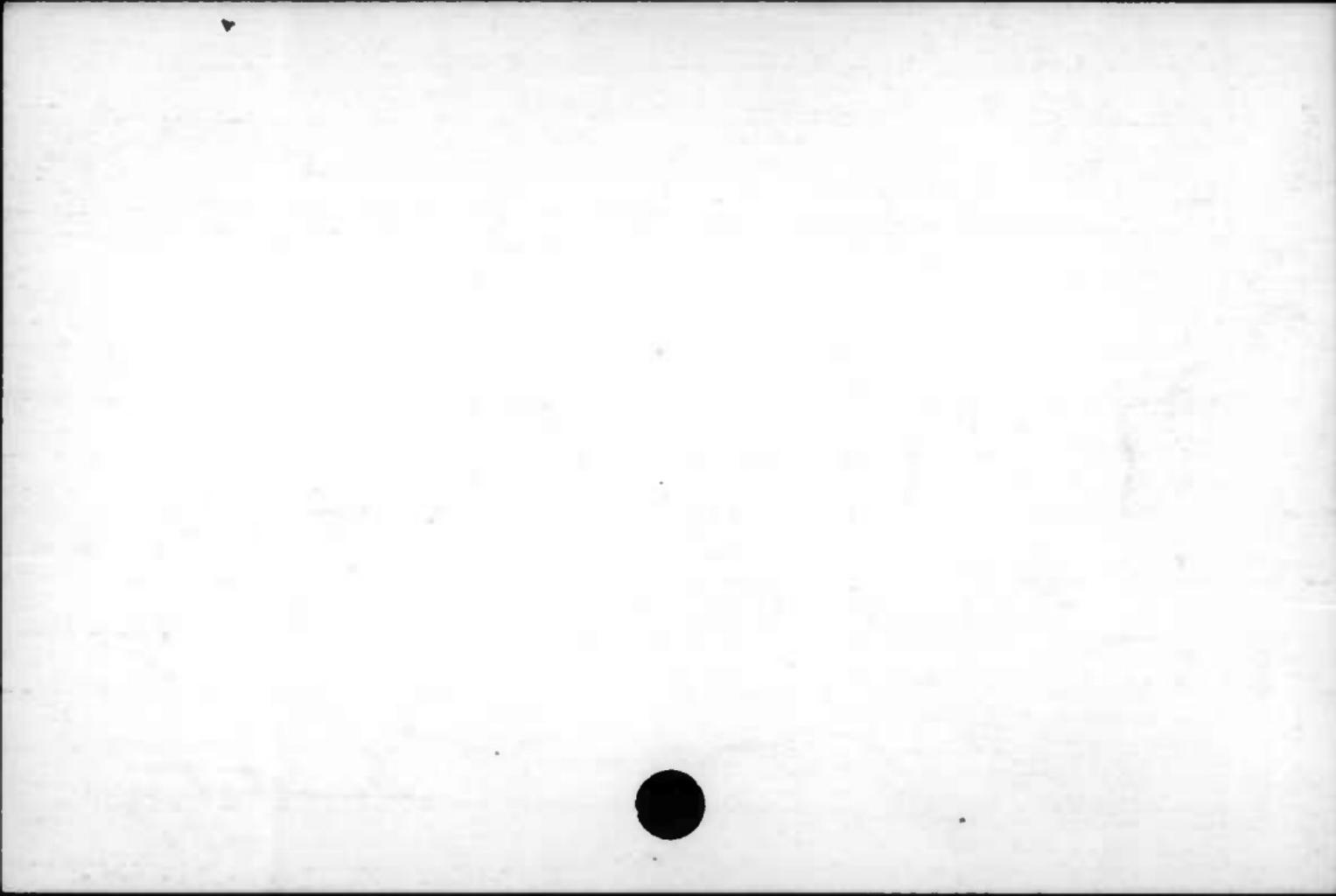
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	9	27	—	5 20
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single Widow	Name of Wife or Husband			
Father's Name	L. P. Snyder.			
Mother's Maiden Name	Elsie Kratz.			
Name of person giving information	L. P. Snyder.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition.	How long	4 mos.
Immediate	Exhaustion. Convulsions	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. H. C. Foote
		Address	Clearspring, Md.
Accident or Suicide?			



Name
in
Full

Susanna Stoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Sept	13 rd	Age 76	6	30	
Sex	Female		Color or Race	White		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Stoner			Father's Birthplace	Do	
Mother's Maiden Name	Mary McFarland			Mother's Birthplace	Panymount	
Name of person giving Information	Daniel W. Stoner			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	several years
Immediate	" "	How long	days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Jas. Prohman
		Address	Smithsburg Md.
Accident or Suicide?			



Name
in
Full

Henry S. Stouffer

CERTIFICATE OF DEATH

Ohio
Marion Co.

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife - Husband	Mrs Nancy Stouffer	
Father's Name	Henry Stouffer	Father's Birthplace	Med
Mother's Maiden Name	Not Known	Mother's Birthplace	
Name of person giving Information	Ollie Stouffer	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

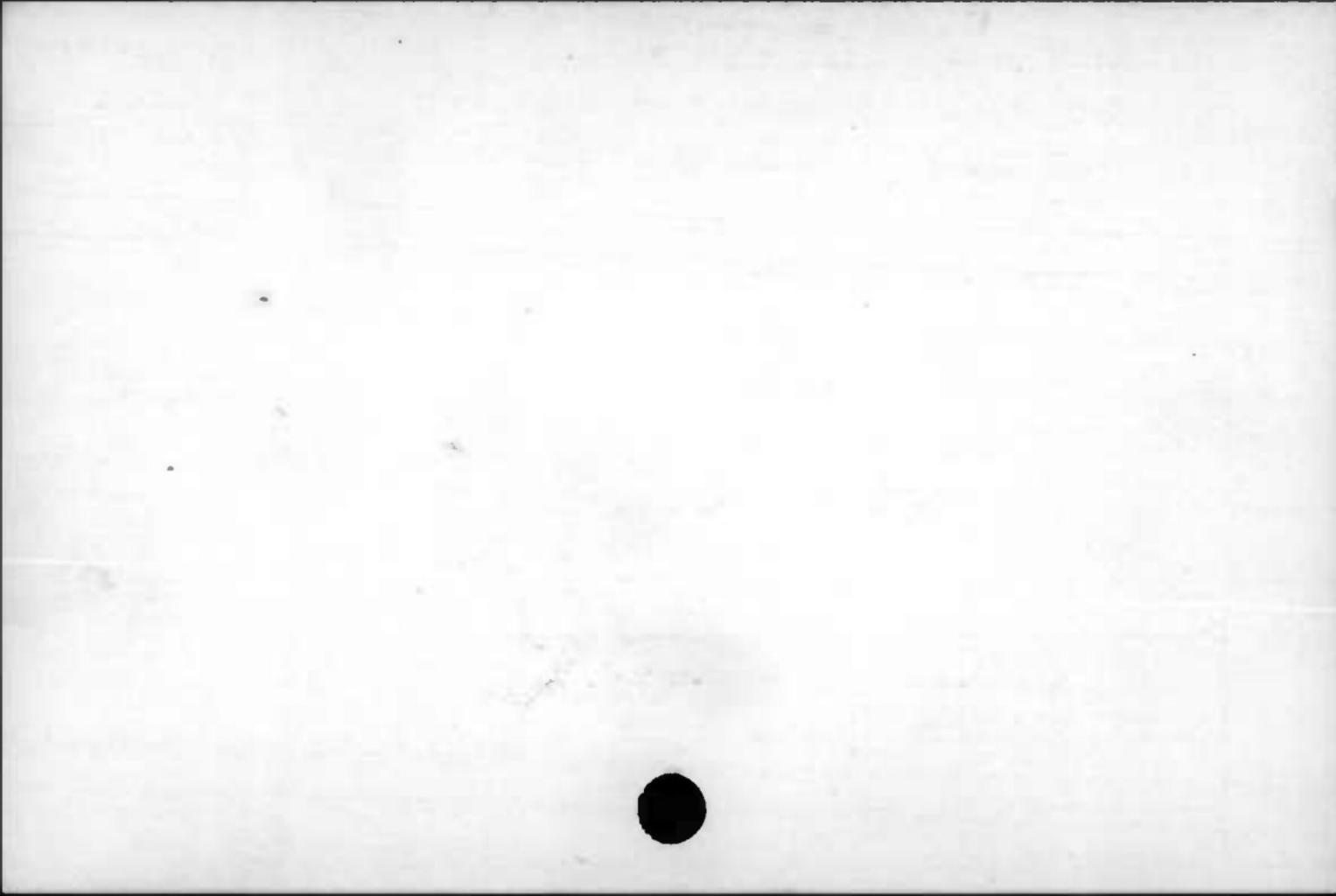
Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

General Debility
Yes Signature of Physician
Address *Charles H. Stouffer, Undertaker
Hagerstown, Md.*

Accident or Suicide?



Name
in
Full

Charlotte Stull

CERTIFICATE OF DEATH

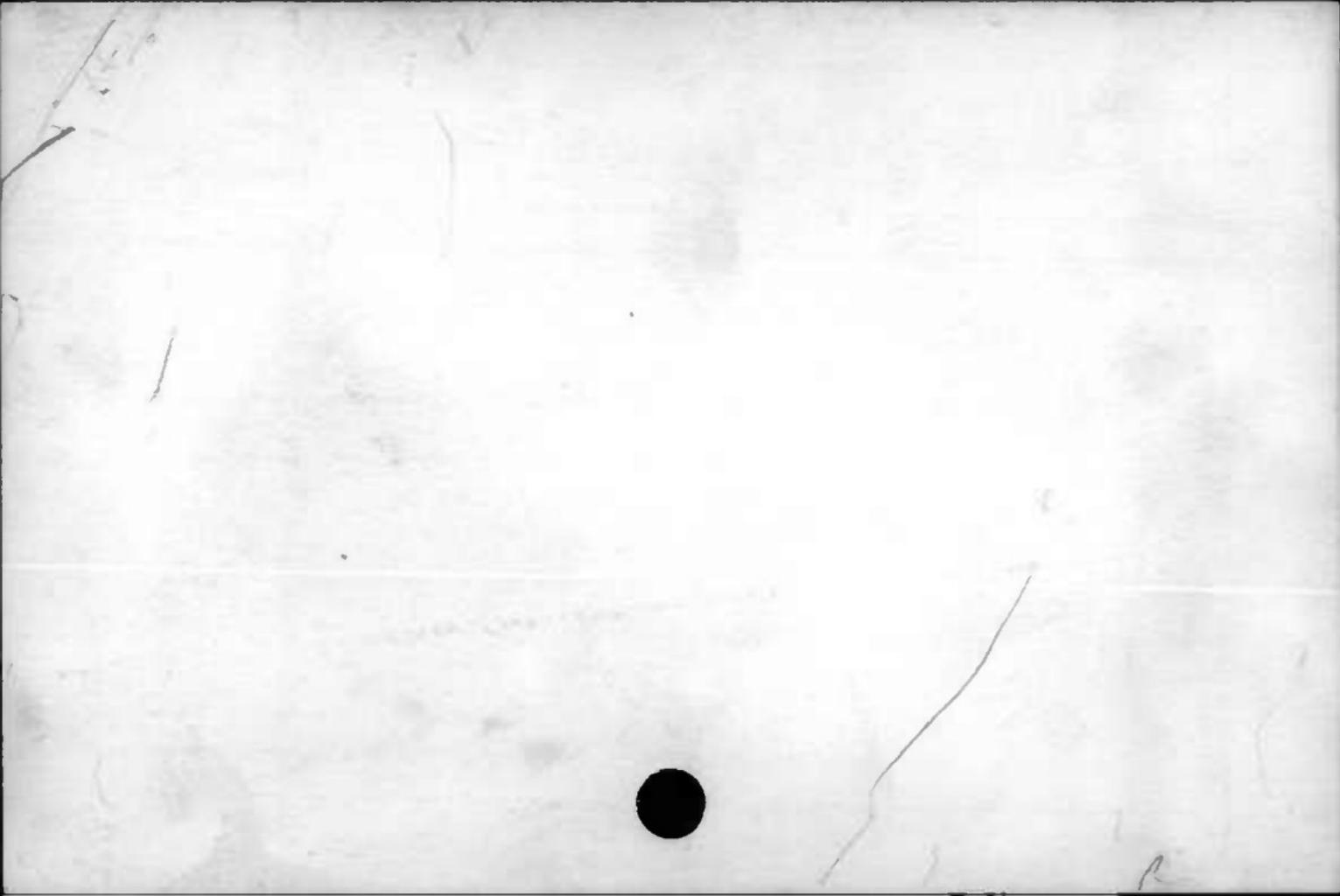
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Sept	20	89	7	20	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Elavid Stull		
Married Single Widowed	Name of Wife or Husband		Martin Miller	Father's Birthplace	Md.	
Father's Name	Lyman Ann		Mother's Birthplace	Md.		
Mother's Maiden Name	Sloane Leighter		How related to deceased	Slaughter		
Name of person giving information						

CAUSES OF DEATH

Primary	How long	
General Debility	154	
Immediate	How long	
General Debility	6 months	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	E. T. Smith Boonsboro Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Barro Falbert
Died at Hagerstown Town Washington County MARYLAND

CERTIFICATE OF DEATH

Date of death 1905	Month 9	Day 2	Age -	Years -	Months -	Days 11
Sex Male	Color or Race White	Birth- place Md				

Occupation
Child
Where Residing if not
at place of death

Married, Single
or Widowed
Single

Name of Wife or
Husband

Father's
Name
John Falbert

Father's
Birthplace
Md

Mother's
Maiden Name
Marylo Barts

Mother's
Birthplace
Md

Name of person giving
Information
John Falbert

How related
to deceased
Father

CAUSES OF DEATH

Primary
Tramodism

How long

Immediate
Cardiac Failure

How long

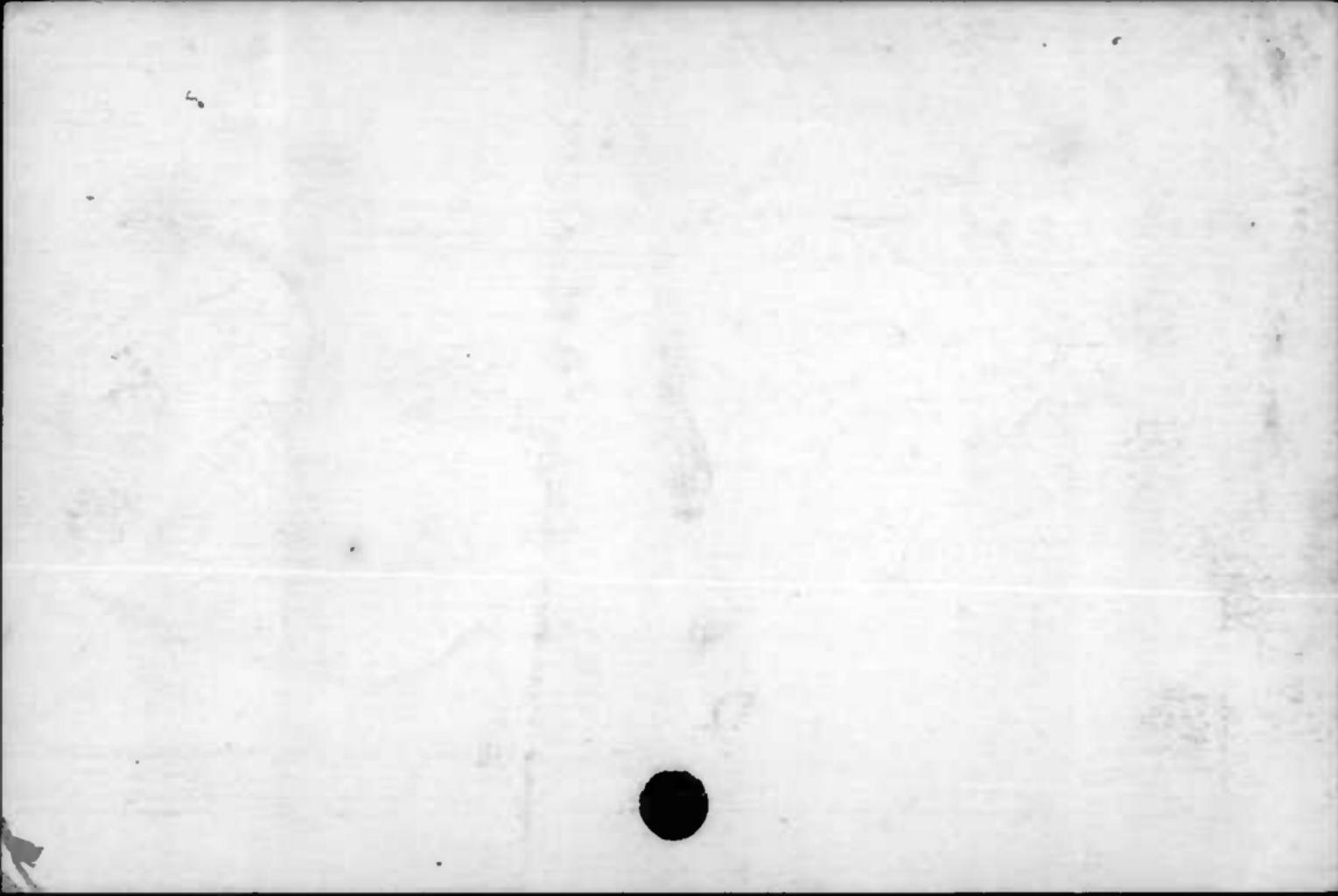
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
Dr. H. A. Stumpf

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Infant

Taylor 1905 26^b

269
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Sept	Day 29	Years 1	Months	Days
Sex Female	Color or Race White	Birth-place Wmsoft			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Frank Taylor		Father's Birthplace	Wmsoft	
Mother's Maiden Name	Josie Thompson		Mother's Birthplace	Wmsoft	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

still Born

S.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

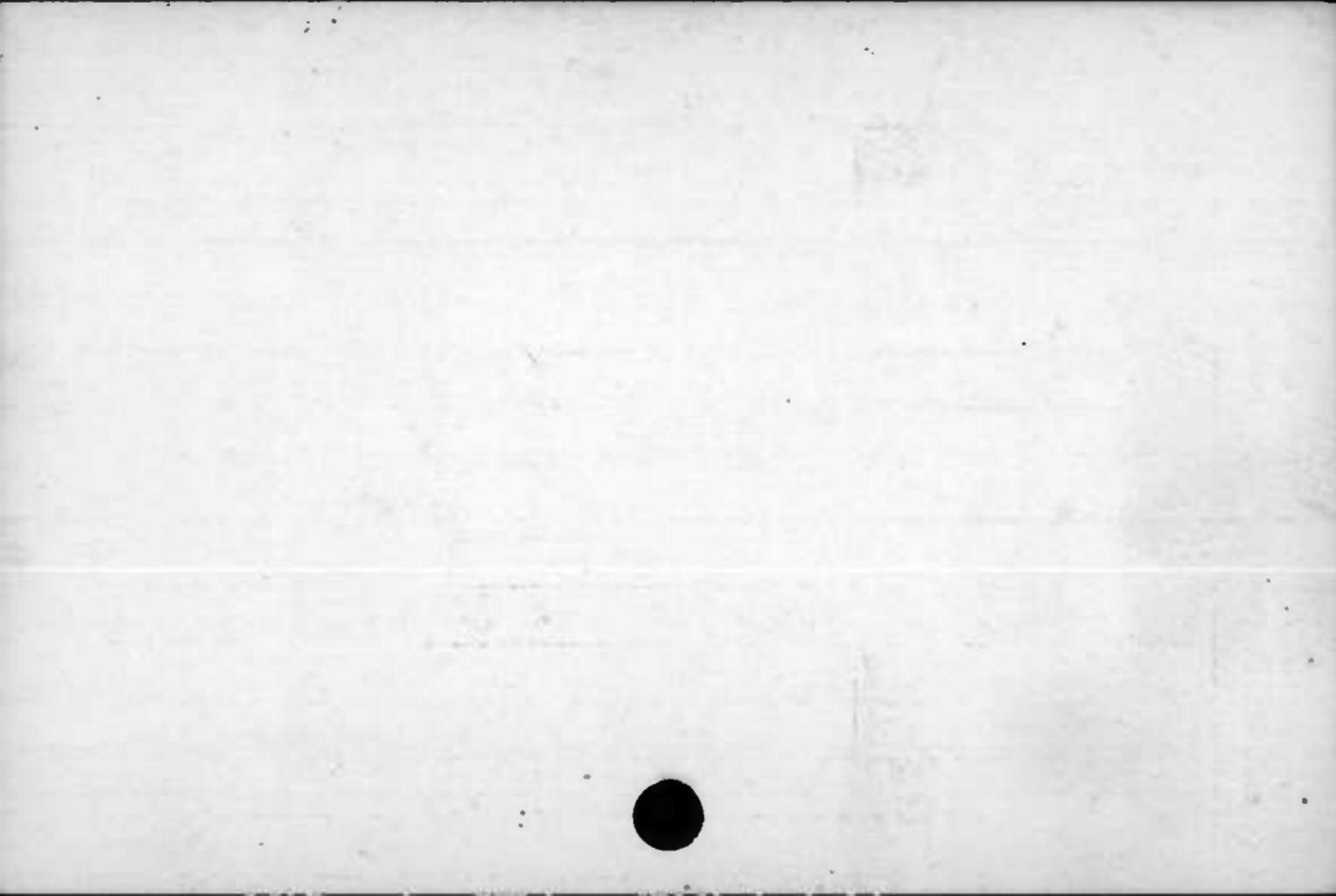
yes

Signature of Physician

Address

Sp Shirley
Williamson Md

Accident or Suicide?



Name
in
Full

Richard Theodore Teach

167 263 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Pinesburg

Town

County

MARYLAND

Date
of death

190

Month

Sep - 11

Day

Years

Months

Days

Age

6

Sex

Male

Color or
Race

White

Birth-
place

Pinesburg,

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Albert Theodore

Father's
Birthplace

Pinesburg, Ma

Mother's
Maiden Name

Annie Eliza Wilkes

Mother's
Birthplace

Young, Pa

Name of person giving
Information

Jacob Teach

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Pneumonia

How long

Three days

Immediate

Prostration

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

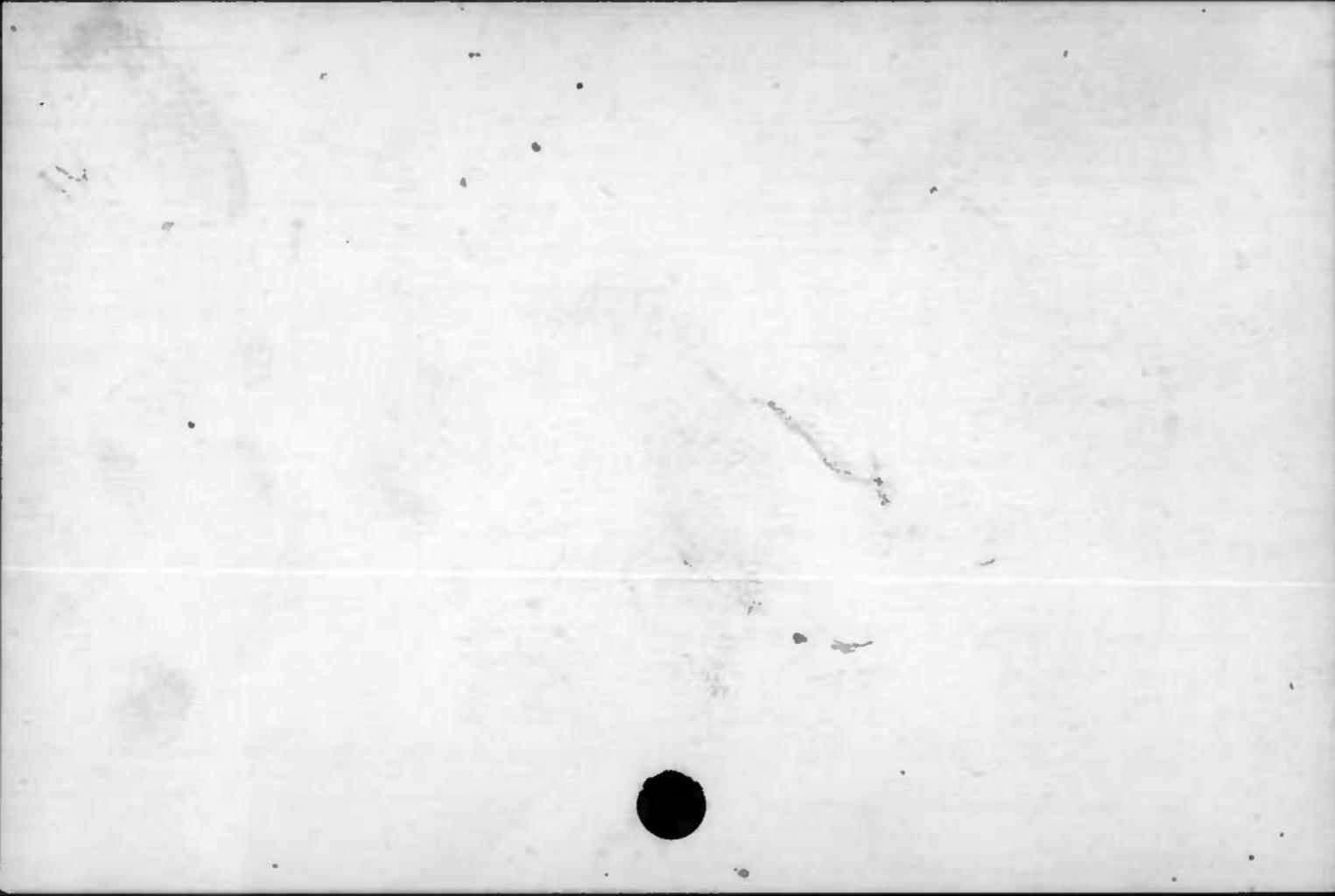
Signature of
Physician

Address

Dr. Richardson
Williamsport Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Fannie L. Ward

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Sept	Day 16	Years 23	Months 8	Days 20
Sex	Female	Color or Race	White		Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or <u>Widowed</u>	Name of Wife or Husband		Fannie Ward			
Father's Name	Nathan Caplin		Father's Birthplace Germany			
Mother's Maiden Name	Lydia A. Hull		Mother's Birthplace Pa			
Name of person giving Information	J. W. Ward		How related to deceased Husband			

CAUSES OF DEATH

Primary

Tuberculosis

How long

4 years

Immediate

Exhaustion

How long

9 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. J. Mason

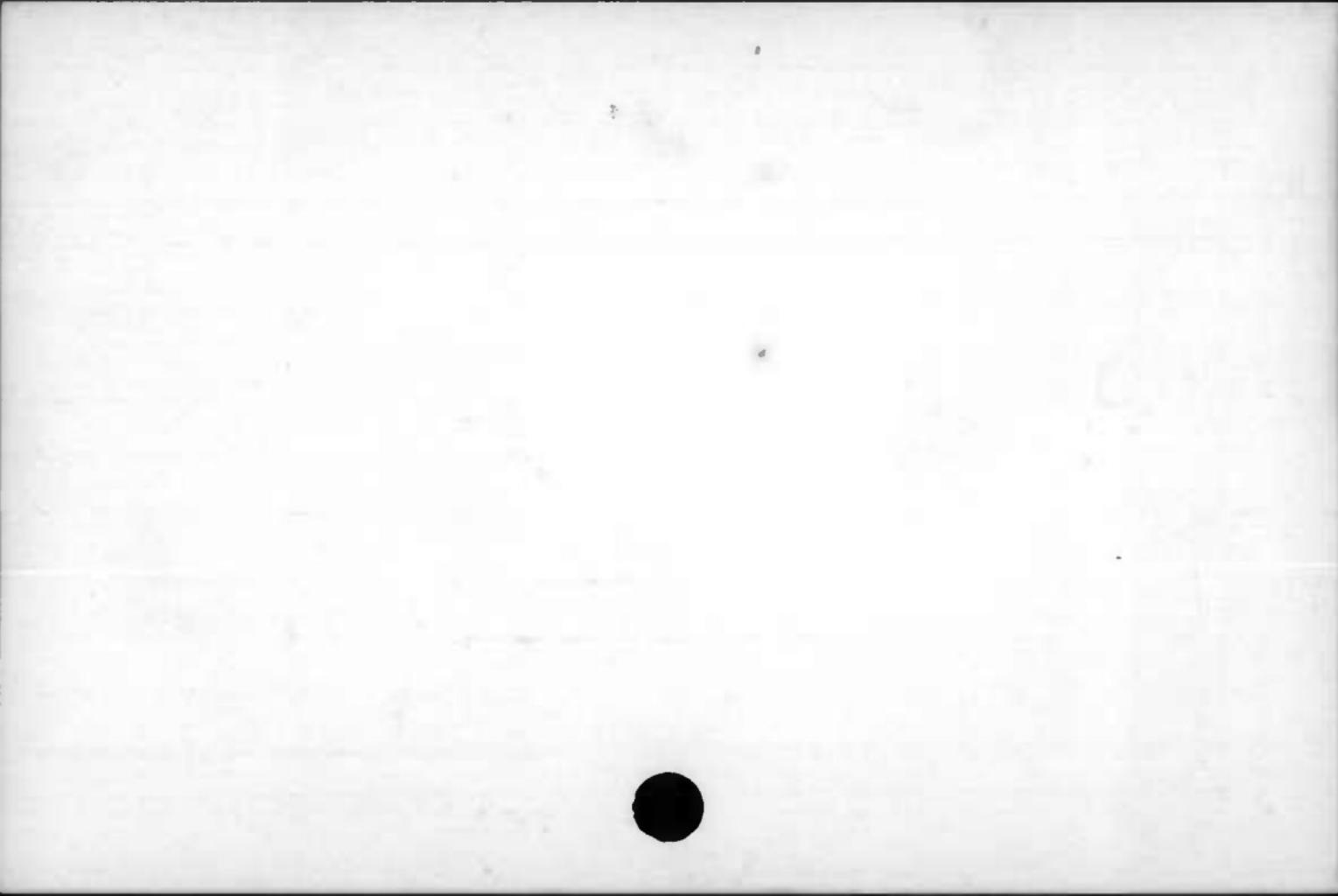
PHYSICIAN
OR CORONER

Frank B. Braggs
Undertakers

Address

Clear Spring
Md.

Accident or Suicide



Name
in
Full

Susan Wolf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not* at place of death				
Married, Single or Widowed	Name of Wife or Husband	Susan Wolf.			
Father's Name	Widow				
Mother's Maiden Name	dont no				
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	104	How long	12 weeks
Immediate	Heart Failure		How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. J. Williams
			Address	Franklin St
Accident or Suicide?				

